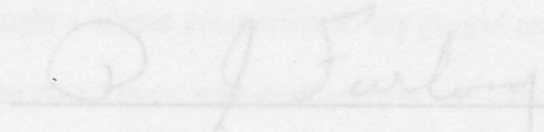


Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirements for the degree of Master of Liberal Studies
A HISTORY OF PLANNED PARENTHOOD OF NORTH CENTRAL INDIANA



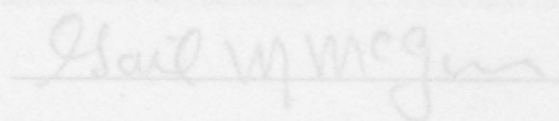
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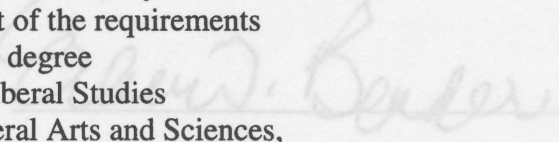
Monica M. Teetzlaff, Ph.D., Advisor

Thesis Committee



Gail M. McGuire, Ph.D., Committee Chair

Submitted to the faculty of the University Graduate School
August 6, 2002 in partial fulfillment of the requirements
for the degree
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in the College of Liberal Arts and Sciences,
Indiana University South Bend



David W. Bender, Ph.D.

August 2002

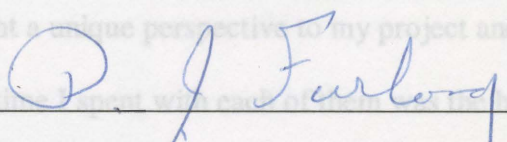
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This project would not have been possible without the direct and indirect help from many people. First, I would like to thank my thesis committee: Dr. Monica

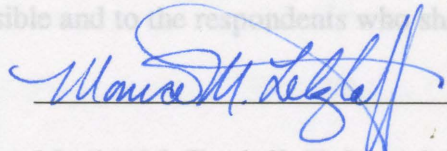
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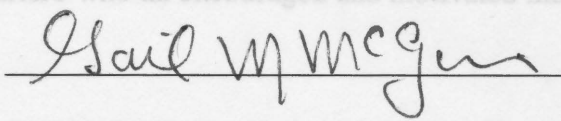

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Thesis Committee


Gail M. McGuire, Ph.D., Committee Chair

Oral Examination
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Eileen T. Bender, Ph.D.

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This project would not have been possible without the direct and indirect help from many people. First, I would like to thank my thesis committee: Dr. Monica Tetzlaff (advisor), Dr. Eileen Bender and Dr. Gail McGuire. I was honored, flattered and humbled when each of them agreed to be on my committee. My thesis is a result of their dedication to my success. Each of them brought a unique perspective to my project and their contributions have been invaluable. The time I spent with each of them was the best part of this project and I am grateful for their participation.

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Introduction

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Irving's Dr. Larch is a man who understands the need for reproductive rights during a time when society was still enforcing laws that labeled birth control products obscene. Setting his own human rules, Larch offers choices to women whose lives are altered by their lack of control over reproduction. He is not an outspoken social activist who opens a birth control clinic or campaigns for legislative change. Rather, he is one person who cares about the women he serves and believes he can make a difference. In this, he is also the harbinger of a larger social change.

Introduction

"Do I interfere?" Larch asked. "When absolutely helpless women tell me they simply *can't* have an abortion, that they simply *must* go through with having another - and yet another - orphan: do I interfere? Do I?"

"I do not," he said, scraping. "I deliver it, Goddamn it. And do you think there are largely happy histories for the babies born here? Do you think the futures of these orphans are rosy? Do you?"

"You don't," Larch said. "But do I resist? I do not. I do not even recommend. I give them what they want: an orphan or an abortion," Larch said (Irving, 1985, 186).

In John Irving's The Cider House Rules (1985), Dr. Wilber Larch distributes handfuls of prophylactics to the women who have come to him asking him to deliver and take charge of their unwanted babies. Larch also distributes prophylactics to the women on whom he has performed abortions -- an illegal practice during the novel's setting in the late nineteenth century through post World War II. In his medical training Larch had seen the brutal effects of illegal abortion practices and the equally brutal reality faced by unwanted children. In response, Larch maintains his illegal practice until his death in service to both the women who seek his help and the unborn children who would otherwise face miserable lives as orphans.

Irving's Dr. Larch is a man who understands the need for reproductive rights during a time when society was still enforcing laws that labeled birth control products obscene. Setting his own human rules, Larch offers choices to women whose lives are altered by their lack of control over reproduction. He is not an outspoken social activist who opens a birth control clinic or campaigns for legislative change. Rather, he is one person who cares about the women he serves and believes he can make a difference. In this, he is also the harbinger of a larger social change.

Although The Cider House Rules is a work of fiction, John Irving has been meticulous in his research and Dr. Wilber Larch's experiences are realistic and reflect circumstances of the time. Dr. Larch performs his first abortion on a poor thirteen-year old girl who was impregnated by her father. His second abortion is performed on a wealthy socialite in the drawing room of her family's mansion. The Cider House Rules offers a picture of the limited reproductive choices available to women of all economic circumstances. Larch's story is the story of all of the reproductive rights activists of the first half of the twentieth century.

Dr. Larch's experiences provide insight into the forces that created the Reproductive Rights Movement. The Reproductive Rights Movement, in turn, was the social movement that created Planned Parenthood of North Central Indiana whose background and history of that agency is the subject of this thesis. The organization was founded by a small group of people who, like Dr. Larch, felt compassion for and understood the desperation of women who had unplanned and unwanted pregnancies.

Like other social movements -- including the Civil Rights Movement, the American Indian Movement and the Anti-War Movement -- the Reproductive Rights Movement did not *begin* in the 1960s. Rather, these movements were a culmination of individual acts of civil disobedience (like Dr. Larch's). What was significant in the 1960s was that by that decade it was apparent that laws did not adequately represent the powerless. It was necessary for the powerless to join forces to accomplish a common goal. Social movements "establish a new order of life" (Blumer, 1995, 60) -- at times, cataclysmic only in retrospect. Something as seemingly insignificant as a reproductive

health care clinic opening in 1968 in South Bend, Indiana was, in fact, establishing a new order of life in this community.

Social movements that developed in the 1960s are considered to be part of the New Social Movements. Although every major social movement of the 1960s has a history pre-dating that decade, it is the idea of *developing* that is key; some social movements which saw major accomplishments in legislation and cultural changes in the 1960s had been working towards those changes for decades. "New Social Movement theorists connect personal problems to larger social issues. They work to illustrate how the personal problem is enmeshed in a broader, socio-historical context" (Evans, 2000, 33). Participants in the Reproductive Rights Movement believed that reproductive control benefits both the individuals using birth control and society as a whole.

People sharing problems or grievances have a collective identity. A group of people who share "common interests, experiences and solidarity" (Taylor and Whittier, 1995, 172) form a collective identity in a social movement community. The collective identity exists because of the shared grievance and the desire to change the structure of society. In the case of collective identity, the attitudes and desires of individuals within the group may reflect, but do not equal, the attitudes and desires of the group itself.

But mountains are not moved by a collection of people who share the same problem unless they mobilize their resources for action. The success of social movements relies on the resources that can be organized. How many people with the same grievance about society can be organized? What funding is available to print flyers, rent meeting space, provide services? Who can be counted on to donate time to fill needed positions -- to write news releases, organize rallies or complete research?

the mid-twentieth century. In the nineteenth century, social organizers focused on Resource Mobilization theorists believe a mobilization of these resources needs to take place before a social movement can be successful. [Social movement] "organizations emerge when there is an increase in some type of resources available to an aggrieved population...[and social movement organizations] use [these resources] to sustain the movement and achieve [their] goals" (Reger, 1997, 6).

Social movements have had a huge impact on every aspect of American life. The food we eat, the clothes we wear and our working conditions are everyday examples of this impact. Recent, first-time homeowners are unaware of the various social movements that have made it possible for them to purchase a house. Recent college graduates entering the workforce for the first time are unaware of how social movements have changed and improved working conditions. Because we so often take for granted what social movements have accomplished, it has become commonplace to forget the enormity of their force.

This project examines how social movements affect organizations, both directly and indirectly. This study also examines how and why an organization like PPNCI started in a community like South Bend. Specifically, I examine the historical development of PPNCI as it intersects with the trends of both the Reproductive Rights Movement and the Women's Movement.

The social movement that created the social climate that made it possible for PPNCI to open in St. Joseph County, Indiana was the Reproductive Rights Movement. The Reproductive Rights Movement has a long history in various social movements including the voluntary motherhood movement of the mid-nineteenth century, the birth control movement of the early twentieth century and the family planning movement of

the mid-twentieth century. In the nineteenth century, social organizers focused on motherhood by choice and advocated, in part, that wives had the power and freedom to accept or refuse marital intercourse. Through the late nineteenth century and early twentieth century, birth control became both a controversial issue and a means of control over poverty. Reproductive freedom became one of the most important issues in the 1960s and 1970s for women who were seeking equal rights and opportunities. Like other social movements which inspired local action, both the Reproductive Rights Movement and the Women's Movement had the potential to give birth to any number of successful grass roots organizations and movements, including family planning clinics like Planned Parenthood of North Central Indiana (PPNCI).

One of the reasons this project interested me was because I have utilized various Planned Parenthood affiliates throughout my life. I was a client of the Kalamazoo, Michigan Planned Parenthood affiliate shortly after graduating from Western Michigan University in 1985. The Kalamazoo affiliate was an abortion provider and faced a daily onslaught of anti-abortion protesters who, until legally restricted from doing so, often threw themselves on client's cars. I was thrilled at the opportunity to show my activism by driving past the protesters. What did not occur to me at the time, however, was that because of social movements like the Reproductive Rights Movement and the Women's Movement, I was able to drive past the protestors to obtain reproductive health care services without being intimidated by them. These two movements had created the young woman I was.

I have also studied the Civil Rights Movement and am fascinated with the impact social movements have on local efforts. National civil rights leaders, like Martin Luther

King, Jr., were seen by movement participants and non-participants as symbols of the entire movement. However, it was groups of everyday citizens throughout the United States who actually accomplished the majority of social change during the Civil Rights Movement. Although Cesar Chavez worked within the context of labor unions, his call for a worldwide grape boycott was eventually honored by 17 million Americans and led to California Governor Jerry Brown's collective bargaining law for farm workers, the 1975 Agricultural Labor Relations Act (www.latino.sscnet.ucla.edu/research/chavez/). A social movement that receives media attention for their cause can gain the support of millions of people. Actual change does not come from high-profile leaders holding meetings and talking about their desires. Change comes when like minded people join together and make their demands known through their collective action.

Several social movements were actively seeking change during the period when PPNCI was just an idea in 1959 and a clinic was actually opened in 1967. Although the early organization of PPNCI predated the Women's Movement by a few years, it coincided with events like national attention to poverty issues and a sexual revolution that forced attention on the Reproductive Rights Movement. In the 1970s the nation's focus moved to the Women's Movement and a demand for equal pay in the workplace and equal opportunities. The 1980s brought a new conservatism and a renewed interest in safe sex with the advent of the AIDS epidemic. Public opinion shifted through the 1990s as the U.S. Congress filled its seats with conservative Republicans who controlled federal funds. The local community's focus mirrored what was happening nationally in many ways as organizations like PPNCI were formed.

The Local Front: Planned Parenthood of North Central Indiana

PPNCI has a local history of nearly thirty-five years. Members of the community -- the director of the department of welfare, local obstetricians and prominent business people -- came together in the late 1950s and continued to work together through the 1960s to establish the organization in response to the rising number of people on the welfare rolls. Like most organizations, PPNCI has changed over time and has likewise been affected by global changes. The issues, laws and political and cultural climate that precipitated PPNCI's beginning have changed since the affiliate began. Some of these changes have been beneficial to PPNCI and some have threatened the existence of the affiliate.

Logistically, PPNCI has seen a move from a volunteer staff to professionalization -- a staff who is employed by the organization. They have dealt with building and site issues that included difficulty with landlords and building partners and offering services in buildings not fully equipped as medical clinics. The organization also changed its focus from providing the services that met the needs of the St. Joseph County Welfare Department (to reduce the poor population) to addressing the reproductive health care needs of their client population.

PPNCI continues to face the constant scrutiny that comes from a community that is home to more than sixty-five Catholic churches, a Catholic university, a Catholic women's college, a Catholic junior college, Lester Sumrall's worldwide fundamentalist ministry, and hundreds of Pentecostal, evangelical and apostolic churches. Members of these organizations pad out the population of local Right to Life groups who, despite the

Dr. Wilber Larch, PPNCI provided services without imposing any specific set of beliefs

fact that PPNCI is not an abortion provider, target PPNCI for protest because the affiliate makes referrals for women choosing abortion.

Project Significance

This project is significant for a number of reasons. One reason is that this project analyzes how PPNCI benefited from the work of the Reproductive Rights Movement and the Women's Movement without actually being directly involved in either movement.

Many Planned Parenthood clinics throughout the United States *were* grassroots efforts of either Planned Parenthood Federation of America (PPFA) or hybridized offspring of Margaret Sanger's original efforts in the 1920s and 1930s. However, PPNCI was not a grassroots organization that developed because of local interest in a national social movement. A family planning clinic seemed like one way to alleviate St. Joseph County's problem of a rising poor population in the mid 1960s. Likewise, the founders were primarily interested in reducing the number of people receiving welfare assistance from the county, not in empowering women and supporting them in their quest for reproductive freedom. In spite of this, PPNCI's first family planning clinic could not have opened, nor the affiliate would not still be providing services today, without the accomplishments of the Reproductive Rights Movement and the Women's Movement.

Another reason this project is important is because PPNCI is unlike any other organization in the community. PPNCI was the first local organization to officially provide family planning services that included contraception to the population that most served to benefit from limited family size: the poor and indigent. And, like John Irving's Dr. Wilber Larch, PPNCI provided services without imposing any specific set of beliefs

upon those they served. Few organizations can make the same claim and PPNCI provided this service in spite of minimal community support. Organizations that are firmly planted in a specific mindset -- Right to Life, for example -- do not take their cues from those they serve. These organizations have a strong belief that guides everything they do. Planned Parenthood, however, believes in finding out what their clients' beliefs and choices are and helping them accomplish their goals based on those individual beliefs and choices. It is important to review and analyze the history of an organization like PPNCI, an organization that changes their purpose with each client they serve, to determine how they have persevered and survived over time.

Finally, this project is important because it captures the voices of those who participated in PPNCI's history. "Without a unified sense of the group's purpose, organizations can cease to exist" (Reger, 1997, 1). The individuals who volunteered and worked for PPNCI were the organization's lifeblood and, in some cases, a sort of poison that threatened to kill it. Feminists and eugenicists and child advocates combined their efforts into a group purpose that fueled the organization when other resources were scarce. When nothing else explains how an organization like PPNCI can exist in a community that offered only marginal support, the voices of the women and men who sustained the organization can.

Chapter Two

She greeted Wilber Larch by roughly handing him a bottle of brown liquid -- its pungent odor escaping through a leaky cork stopper. The bottle's label illegibly stained. "That's what did her in," the girl said with a growl. "I ain't having any. There's other ways...I ain't so far along as she was, I ain't quick." Larch read the label: "French Lunar Solution, Restores Female Monthly Regularity! Stops Suppression!" ...People who didn't want babies in the 1880s and 1890s were also killing themselves with strychnine and oil of rue. The French Lunar Solution Mrs. Eames had tried was oil of tansy; she had taken it for such a long time, and in such amounts, that her intestines had lost their ability to absorb Vitamin C...She died, as the pathologist had correctly observed, of scurvy (Irving, 1985, 57-58).

This chapter provides a historical overview of the Reproductive Rights Movement and its connection to the Women's Movement. Neither of these social movements could have accomplished specific gains without the other. Women's demands to have control over their bodies and reproduction was interchangeably a tenet of both movements. The fact that women are so often defined by their ability to reproduce rather than through their contributions to society is the building block of feminist movements throughout history.

Like the Women's Movement, the Reproductive Rights Movement has a long history that began its collective identity in the 1870s, when activists advocated voluntary motherhood for married women. Both the quality and length of a woman's life could be positively impacted if she could limit the number of children she bore. However, contraception, although available and legal for married women at this time, was not advocated as a means to voluntary motherhood. Extended periods of abstinence were considered the means to spacing or not having children. Although this indirectly advocated a wife's right to refuse sexual relations with her husband, it was easier said than done among most couples.

Somewhat central to this early movement was Neo-Malthusism, a theory that had at its ideological core the belief that not only could population be controlled "but that its control could provide a key to a perfect society." (Gordon, 1990, 77) Neo-Malthusiasts adapted English economist Thomas Malthus' late-eighteenth/early-nineteenth century theories regarding human overpopulation. Malthus concluded that unless family size was regulated, poverty and famine would become globally epidemic and have a severe effect on society. Neo-Malthusiasts also believed that overpopulation caused poverty -- both for the individual family who could not afford the large number of children they had and for society itself which was forced to support large, impoverished families. The easing of financial burdens notwithstanding, a reduced family size would also lead to improved quality of life for all members of the family and society at large. Neo-Malthusiasts had a more radical belief that "conception-free intercourse and the technique of avoiding conception itself...would create perfectly contented individuals and, through them, a perfectly tuned society" (Gordon, 1990, 84).

1979. In the first decades of the twentieth century, advocates of voluntary motherhood became known as birth controllers (Gordon, 1990, 160) and contraception and contraceptive devices -- not merely abstinence -- became accepted. Like Neo-Malthusiasts, birth control advocates at the turn of the century believed that "contraception could prevent the prolific poor from increasing their numbers" (Woloch, 2000, 372). Limited family size allowed for a more equitable distribution of resources. Additionally, women who did not have the constant burden of childbearing and child rearing were free to pursue participation in any number of previously restricted opportunities including work outside the home and education.

Early twentieth century birth controllers shared similar views with Neo-Malthusians regarding birth control as a way to improve the quality of life for all. Many birth controllers, particularly Emma Goldman and -- to a lesser degree -- her protégé Margaret Sanger, held radically socialist views about the importance of birth control for society. Although the Socialist party held a traditional view of the family -- seeing a woman's role as that of caretaker of the home, her children and her husband -- it nonetheless "fought consistently for women's rights" (Gordon, 1990, 208) such as suffrage, employment and legal rights. Some more radical socialists saw the connection between reduced family size of the working class and that class's ability to gain political power. These same visionaries (Sanger among them) saw birth control as a means to that end.

Birth controllers also recognized that birth control was an issue of personal power on many levels although power over reproduction was not a new phenomenon. Sociologist Daniel Scott Smith researched what he called "domestic feminism" (Smith, 1979, 222) of the mid- to late-nineteenth century. During the Victorian era in America "the average woman experienced a great increase in power and autonomy within the family" (Smith, 1979, 223) which empowered her to assert her wishes regarding sexual relations and reproduction. Released from the burden of unwanted pregnancies, difficult births and caring for children, women had increased control over their destiny.

In 1916 (Chesler, 1994, 128), with financial backing from wealthy supporters, Margaret Sanger was able to open a birth control clinic in a poor neighborhood of New York City. By the time this first clinic opened, Sanger was the most well-known participant of the birth control movement and, as far as mainstream America was

concerned, created the movement herself. While any student of social movements knows that it is impossible to single-handedly create and sustain a movement, Sanger had done much to create the impression that she was the one person responsible for any of the movement's achievements. Sanger reveled in being arrested, spending time in jail and going to court for the right to distribute both literature that discussed birth control and birth control devices themselves.

In 1916, when she opened her first birth control clinic, Sanger began to take her cause on the road, speaking to birth control advocacy groups, medical groups or loosely organized community groups who just wanted to learn more about what birth control could accomplish. By this point Sanger was fairly well known through her activities during the Progressive Era, the period between 1889 and World War I. The Progressive Era was an era of reform in the United States. People who were active during the Progressive Era were similar to activists in social movements of the 1950s, 1960s and 1970s. In an effort to make America a better and safer place to live, progressives sought increased government participation in efforts to improve many of society's problems including poverty and child labor. On the coattails of the sentiment of this era, Sanger was able to increase her base of support while at the same time plant a seed that very often grew into a grass roots birth control movement.

Sanger "contended that the medical professional should dispense birth control information and devices" (Woloch, 2000, 380). This belief may reflect a relinquishment of control that Sanger felt was necessary to further the birth control movement. It certainly was in direct contrast to what Sanger's mentor, Emma Goldman, had advocated -- women controlling their own bodies. The medical profession at this time was

dominated by men. To willingly hand control of birth control to the medical profession was taking the control out of the hands of women. Sanger's inclination at this time -- immediately before and after World War I -- was to propel her movement forward at the risk of losing support of firebrands like Emma Goldman.

Ground that might have been lost by Sanger's support of professional control of the birth control movement in turn might have been regained by an unintentional boost of support from the United States government during this period of time. Condoms were being distributed to soldiers enlisted to fight in World War I. The condom distribution was meant to protect the soldiers from sexually transmitted diseases. Entire promotional campaigns were developed by the armed forces around condom use. In addition to a reduction in sexually transmitted diseases, condoms gained a new acceptance and popularity as a birth control method. Soldiers returning home from the war were savvier about birth control.

This footnote in history aided Sanger's cause and freed her to concentrate on professionalizing her movement. It was also during World War I that Sanger "found support among women of means. In 1921, with their backing, she started a new organization, the American Birth Control League (ABCL), which campaigned for the passage of 'doctors only' bills" (Woloch, 2000, 386) which restricted distribution of birth control to physicians (in 1921, mostly men) and not lay-practitioners (mostly women).

Sanger remained a proponent of eugenics. As the flood of immigrants to the United States continued through the early nineteenth-century, societies that advocated maintaining the purity of native (sic - not American Indian) Americans began forming. During the eugenics movement's most active period (post World War I) formal eugenics

societies sought federal legislation to limit the number of immigrants from non-white foreign countries (e.g. Asia, Southern Europe). Followers of eugenics also sought ways (most specifically birth control) to restrict the reproduction of immigrants and other races they considered undesirable (e.g. African Americans). Sanger's support of eugenics was based on a sort of selective breeding philosophy. She believed that society would benefit from reducing the number of defectives born. This eugenic stance continued to attract well-connected professionals, physicians and wealthy benefactors. These human and financial resources were all key to Sanger's and the movement's continued success. Particularly important to the movement's growth was the ABCL's ability to open more and more clinics as contributions kept coming in.

Through the 1920s the birth control movement saw increasing professionalism with men "assum[ing] the managerial, influential roles." (Woloch, 2000, 425) As men became more dominant within the movement, the movement itself branched further off from feminist efforts while at the same time it enabled more women access to birth control as more and more birth control clinics opened throughout major metropolitan areas in the United States. What Sanger and her supporters saw as a way of improving society directly affected women's ability to control reproduction. A woman without constant pregnancies was capable of looking beyond the role of mother.

The ABCL was renamed the Birth Control Federation of America in late 1938 (Gordon, 1990, 286) and, despite objections from Sanger, was renamed Planned Parenthood of America in 1942 (Chesler, 1994, 393). Sanger felt that taking the term birth control out of the name would serve to refocus the efforts of the birth control movement. She had been supportive of the professionalism that enlarged the scope of her

efforts, but was often at odds with the organization's national management. Sanger came to view Planned Parenthood's caution on issues like the Catholic Church's opposition to birth control as a shortcoming and further distanced herself from the organization.

Planned Parenthood seemed to seek a middle road on a variety of issues that would allow the organization to gain both respectability and broader support than Sanger's efforts. "Under professional control, Planned Parenthood offered people birth control wrapped in a propaganda package that accepted existing power relations." (Gordon, 1990, 339) Although Sanger would remain involved in fundraising for Planned Parenthood, her involvement at a decision-making level ended in the early 1940s.

Between 1940 and 1960, Planned Parenthood Federation of America worked with local organizations to open family planning clinics "in hundreds of communities across the country" (www.plannedparenthood.com). At the same time the organization "foundered as it struggled to rid itself of a belligerent feminist reputation and to establish institutional credibility in a postwar era dominated by pronatalist sentiment [and] family values" (Chesler, 1994, 395). Planned Parenthood worked to blur the connection between feminists and birth control that would be the bond between the Reproductive Rights Movement and the Women's Movement in the 1960s.

Although the organization may have been successful in distancing itself from the feminist movement of the 1940s and 1950s, Planned Parenthood unwittingly redeemed itself by supporting the development of an efficient and convenient contraceptive.

Planned Parenthood was one of several parties to be involved in the funding of research for an oral contraceptive (an aging Margaret Sanger was also instrumental in finding

funding). Research and development continued through the 1950s with Food and Drug Administration approval in 1960 (www.fda.gov/oc/history/makinghistory/enovid.html).

Although early formulations of the Pill came with plenty of side effects -- including blood clots that were at least, life threatening for certain users and at most, caused death for some women -- it was a discreet form of birth control. Compared to diaphragms and condoms, a woman using the Pill did not need her sexual partner's cooperation or knowledge to prevent pregnancy. This is not to say that women were not confronted with roadblocks in acquiring the Pill. Most physicians and family planning clinics (including Planned Parenthood through much of the 1960s) distributed birth control only to married women or women engaged to be married or women who could effectively *appear* married or engaged.

Despite the not-so-subtle message that birth control was only for married couples, the discretion offered by the Pill encouraged all women to explore their sexuality without the fear of becoming pregnant. For the first time in the history of the world, women had the means to approach their sexuality on the same terms as men: although both partners are impacted by an unwanted pregnancy, it was women who underwent abortions and it was women who endured the pregnancy and whom society forced to raise the children or give them up.

The various historical meanings of birth control -- individual freedom, family planning, population control...-- were narrowed to two major interpretations, [one of which was] birth control as a woman's right, as a tool for women's advancement, sex equality and sexual freedom (Gordon, 1990, 398).

A form of birth control that was convenient, discreet and almost one hundred percent effective not only allowed a woman almost total control over reproduction, it also enabled her, effectively for the first time in history, to approach sexuality as men did --

for pleasure without fear of the responsibility for an unwanted pregnancy. "An astounding eighty percent of all American women born since 1945 had used oral contraceptives" (Tone, 2001, xv). This figure is a testament to the promise that oral contraceptives held for women when first introduced.

Due in large part to the empowerment offered by the Pill as well as the momentum the Women's Movement was gathering, the Reproductive Rights Movement's focus moved toward legalization of abortion and the issues of control that were attached to it. In response to this issue, jointly shared by the Reproductive Rights Movement and the Women's Movement, "the Catholic Church began to organize 'Right to Life' committees" (Gordon, 1990, 407) in the late 1960s.

The fight for legalization of abortion was won on January 22, 1973, when, in its *Roe v. Wade* decision, the U.S. Supreme Court struck down a Texas statute that made it illegal to perform an abortion unless a woman's life was in danger. At issue was the constitutional right to privacy and in its ruling, the Court recognized that it was within this constitutional right for a woman to decide for herself whether or not to have an abortion.

The citizen whose rights the state protected had always been imagined as a man, and his biological and work lives were dramatically different than those experienced by a woman. The right to pursue happiness, for example, took on a new meaning when it included a woman's right to control her own body and reproductive future (Rosen, 2000, 77).

Roe v. Wade rendered laws that made abortion illegal unconstitutional and, hence, was known as the case that legalized abortion in the United States. Prior to the Court's decision two-thirds of the states in the nation had laws making abortion illegal. This, of course, did not mean that abortions were not performed in those states. *Illegal* abortions

were performed in those states and because abortion providers worked outside the law they were not regulated. Illegal abortion options ranged from those provided by Jane, a Chicago-based women's collective that provided more than 11,000 safe, illegal abortions between 1969 and 1973 (Kaplan, 1995, ix) to those provided by back street entrepreneurs who wielded coat hangers and toxic chemicals.

Intense collective action over a course of about four years led to the legalization of abortion. Organizations like the National Abortion Rights Action League (NARAL), the Religious Coalition for Abortion Rights, Zero Population Growth, the National Women's Health Network, the Reproductive Rights National Network and the National Organization for Women (NOW) were instrumental in the success of this collective action. These organizations had the "professional leadership and organized structures" (Staggenborg, 1991, 13) that could effectively mobilize strategic resources including political lobbyists and grass roots organizations. "Planned Parenthood, the leading family-planning organization,...gave little organizational support to the [legalization of abortion] movement before the legislation of abortion" (Staggenborg, 1991, 15). Planned Parenthood felt that abortion was a feminist issue, not a birth control issue. The organization wanted to emphasize and strengthen their association with contraceptive issues in the hope of avoiding the abortion issue entirely.

Representatives from the organizations who were advocating abortion reform literally went door to door to gain support from individuals in the fight to legalize abortion. Informational meetings in the form of afternoon teas and evening get-togethers were held where invited women were encouraged to bring a friend. Volunteers traveled to state capitals to lobby their legislators. Letters were written that listed specific actions

individuals could take to repeal abortion laws and distributed to a growing mailing list. Published articles were received by an even wider audience who, in turn, joined the efforts to legalize abortion. Litigation that tested abortion laws was encouraged by both the national organizations fighting for legalization and the local, grass roots organizations. The efforts of all the organizations and, particularly, each individual involved in this collective action were finally successful when the *Roe v. Wade* decision was handed down.

While Pro-Life proponents would assuredly disagree, legalizing abortions did nothing but improve the quality of life for women and men fated to be involved with the procedure. Legalization legitimized the procedure and made it easier (but never effortless) to obtain. Legalization also brought the focus of the decision about abortion where it belonged, with the individual seeking the procedure. The *Roe v. Wade* decision empowered women in some of the same ways that the Pill did. Affirming that women had the right to choose whether or not to continue a pregnancy meant that women maintained control over their lives and could approach their sexuality and physiology on their own terms.

Like most social movements that hit their peak in the 1960s and 1970s, the Reproductive Rights Movement continues to face struggles. The Pro-Life Movement forced reproductive rights organizations to focus on maintaining the legality of abortion. In its 1992 *Planned Parenthood of Southeastern Pennsylvania v. Casey* decision, the U.S. Supreme Court reaffirmed *Roe* and a woman's right to privacy, while at the same time restricting and redefining its protections. At issue was the state's Abortion Control Act of 1982 which specified stipulations a woman must meet before she could receive an

abortion. The act mandated, among other things, that to obtain an abortion a woman be provided certain information twenty-four hours before the procedure, that if she was a minor she needed the informed consent of one parent (but provided a judicial bypass procedure) and that if she was married she must sign a statement indicating that she had notified her husband. With *Casey* the Supreme Court affirmed a woman's right to choose while also affirming a state's rights to restrict abortions after fetal liability. Pro-Life activists around the nation have used the *Casey* decision to introduce and enact a multitude of burdensome measures. Congressional legislation continues to cut funding for abortions for poor women throughout the world. With all of its energies focused on the constant struggle to maintain legalization, the Reproductive Rights Movement had less time and attention for other reproductive rights issues like serving as a watchdog for and supporting the development of contraceptives and organizing support for comprehensive reproductive health care reform for poor women. (Ferree and Hess, 1985,

48). There may be separatists among the participants of the Reproductive Rights Movement and the Women's Movement who believe that the two movements have few issues in common. But neither movement ever really worked independently of the other. Staggenborg (1991) points out that "reproductive rights organizations had their roots in the women's health movement that formed within the younger branch of the Women's Movement" (110). Because a woman's freedom is so central to the Reproductive Rights Movement of the late twentieth century, the two movements have always been integral to each other. Ferree and Hess (1985) noted that "reproductive freedom [and] genuine quality in male-female relationships" (x) remain issues of importance for new feminists.

"Control over fertility is as important as labor force participation of women" (Ferree and Hess, 1985, 11). Ferree and Hess further argue that

The first and most basic claim of feminism is that women are a special category of people with certain characteristics in common, whether due to biology (e.g., the ability to give birth) or experience (e.g., the responsibility for feeding and nurturing children), whether fixed (e.g., being mothers) or historically and culturally variable (e.g., being housewives) (27).

As the Women's Movement emerged, "two major strands" (Ferree and Hess, 1985, 48) were distinguished. Women's rights groups were structured social movement organizations which sought reform on a political level. They worked to change laws and influence decision makers. It was women's rights groups that most energetically and effectively worked for the legalization of abortion. Women's liberation groups struggled "for feminist goals outside the conventional political system, through consciousness-raising and support groups, self-help projects, media-directed actions and efforts to construct more egalitarian relationships in their personal lives" (Ferree and Hess, 1985, 48). The Boston Women's Health Book Collective, which published the groundbreaking women's health manual Our Bodies, Ourselves in 1970 (Rosen, 2000, xxiii), was a group that fit the parameters of seeking women's liberation. Our Bodies, Ourselves was crucial to the Reproductive Rights Movement's growth because it introduced topics about women's bodies and reproduction that had previously only been discussed (and then only rarely due in part because the majority of physicians were men) in the environment of a physician's office. The book created an entire generation of women who became comfortable with discussing their bodies which, in turn, led women to an increased sense of individual control over their bodies.

Both factions were important to the Women's Movement, in part because their breadth encompassed the interests and concerns of more women. There were many roads to women's freedom and most women in the late 1960s and early 1970s could find something about the Women's Movement that appealed to them, whether they referred to themselves as feminists or not.

Margaret Sanger's efforts benefited from wealthy and elite members of society and with their resources she was able to mastermind a successful social movement organization. The Women's Movement saw similar benefits when the National Organization for Women (NOW), which began in 1966 (Ferree and Hess, 1985, 54), utilized the tactic of recruiting support from the elite. Like Margaret Sanger's birth control movement, NOW was a model social movement organization. Many of NOW's members were veterans of other movements and had learned their lessons well about what worked within a movement and what did not. Other feminist organizations drew strength from NOW's success in changing legislation. The snowball effect that resulted from this strength was that the Women's Movement continued to affect change through the late 1960s and early 1970s.

The Women's Movement and the Reproductive Rights Movement intersected most prominently on the issue of abortion rights. NOW was one of the many feminist organizations that advocated repeal of abortion laws. The two movements continue to share concerns over the risk of *Roe v. Wade* being overturned. Collaboration of efforts to insure and improve reproductive rights has blurred the lines that may have separated the two movements. The younger women who become aware of the issues that threaten their reproductive rights currently experience the benefits of the hard work of past movement

activists (improved opportunities in education, sports, labor, etc.) and may be unaware of any separation in issues. Because the current movements' efforts appear to be so similar, many of these women become active in one or the other movement, unaware there ever was or continues to be any difference in these movements.

Since the New Social Movement era is over, this confusion is understandable. Social movements have entered a new era yet to be analyzed. The fluctuations of power in the United States, advanced contraceptive technology and feminist goals yet to be achieved leave plenty of opportunity for current and future movement participants. This study of a local Planned Parenthood affiliate is one way to analyze the connection between the Reproductive Rights Movement and the Women's Movement.

Oral history interviews are particularly important to this project because they provided me with qualitative data about how PPNCI was affected by the Reproductive Rights Movement and the Women's Movement. I could not have found this information anywhere else. Oral histories "concentrate on questions which facilitate the analysis and comparison of local situations in search for universals" (Kyvig, 1982, 223). While the South Bend Tribune tended to support PPNCI over the years with positive editorials, articles about the affiliate nonetheless reflected the conservatism of the local community and never offered a glimpse of the individuals involved. The women and men who founded PPNCI and supported it over the last thirty-five years had something in common with the Reproductive Rights Movement and the Women's Movement and oral history interviews allowed me to find the commonality.

Chapter Three

"If you have the opportunity to ask her about her experiences -- and if she wants to talk about them -- it might provide her with a welcome release..." Dr. Larch said cautiously.

"Ask her about her experiences," said Homer Wells, shaking his head. "I don't know," he said. "I never tried to *talk* to her" (Irving, 1985, 81).

The history of the Reproductive Rights Movement and the Women's Movement was brought to life in this project. For this project I conducted ten oral history interviews of current and former Planned Parenthood of North Central Indiana (PPNCI) board members and employees. These interviews are referred to as "complete" interviews in that each lasted at least an hour and the respondent allowed me to record the interview with a tape recorder. The shortest interview lasted an hour and five minutes and the longest interviews lasted two hours. The average interview time was an hour and twenty minutes.

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Oral history interviews can be like conversations. In the perfect oral history interview respondents eventually feel comfortable enough to let their guards down. A questionnaire is more formal than a conversation with an interviewer. The stories that were told to me provided me with a much more vivid picture of PPNCI than I could have put together with any other form of research. Through these oral history interviews I was better able to piece together the story of how the affiliate got started and how it grew. I also learned how participants felt and acted during crucial stages in PPNCI's development. Many respondents were very candid about their experiences.

Additionally, oral history interviews document the experiences of the every day person who is vitally important to any organization or social movement. While my respondents may have been directly or indirectly affected by people like Margaret Sanger, Betty Friedan or Gloria Steinem, their efforts did not garner the attention these women received. Although their experiences and contributions may not have been documented, they are nonetheless as important in analyzing an organization like PPNCI and how larger social movements affected it.

Polly Edwards, Executive Director of PPNCI, provided me with a list of fifteen people who variously fit into the categories of employee, former employee, board member, former board member and/or founder. I called each person on this list. I reached four of the respondents on my first call and was able to schedule interviews with them. Two of these respondents were PPNCI employees who had scheduled their interviews to be completed at work and cancelled our interview at the interview itself because they were too busy. I left voicemail or answering machine messages with eleven other respondents and received three return calls from which I was able to schedule three

interviews. I discontinued trying to schedule interviews with people on the original list if, after leaving three messages, they did not return my phone call (there were eight people who fit into this category). It is possible that the people on the original list indicated an interest in participating in the project but had second thoughts after hearing from me. I left a fairly thorough message detailing how long I thought the interview would last (an hour) and that my preference was to meet in person. Either of these details may have dissuaded them from further interest or participation. The remaining five respondents were taken from a list of twenty-two people referred to me by other respondents. From this list I was able to schedule interviews with the first five people I called.

I interviewed eight women (seven white women and one Black woman) and two white men. Respondents ranged in age from early-thirties to early-eighties. The average age of respondents was fifty-five.

I attempted to conduct the interview at a place where the respondent felt comfortable, e.g. at work or at home. A respondent who feels comfortable in the interview environment is more likely to be forthcoming with stories and details. I strongly emphasized confidentiality with each respondent. I had each respondent sign a release form that detailed the interview would be tape recorded but they would not be identified by name in the project and that they could stop the recording at any time.

Confidentiality is reinforced when a respondent is in a comfortable environment. Eight of the in-person interviews took place at the respondent's individual workplace. One in-person interview took place at the respondent's home. One in-person interview was conducted in a seminar room at Indiana University South Bend (IUSB). When determining the location of each interview I tried to take into account how likely we were

to be interrupted, as interruptions tend to not only break the flow of the interview, but to also infringe on the confidentiality of the interview. The respondent who was interviewed in the seminar room at IUSB worked out of her home and did not want the interview to take place there. However, we faced multiple interruptions at that location in spite of the fact that I had reserved the room, I had placed reserved signs on both entrances into the room and I had locked both doors.

My methodology for each complete interview included a warm-up time where I introduced myself and made light conversation to put the respondent at ease. Acquiring my respondents' names from either Polly Edwards or acquaintances of the respondents, seemed to help establish trust between my respondents and me. When I explained my project and my past experiences with Planned Parenthood affiliates, I was able to establish a comfortable rapport with each respondent fairly quickly because of my perceived support of Planned Parenthood. From my South Bend Tribune data I was able to help respondents remember dates and I feel that gave me increased credibility in my respondents' eyes.

My interview guide was structured so that after the warm-up time I asked general questions about *how* and *when* the respondent became involved with PPNCI and followed with probes to determine specific details and elicit personal stories about *why* she or he was involved. I asked respondents if there were emotional reasons for their involvement with PPNCI and if they had faced any opposition to their involvement with the affiliate. I asked about specific issues that I knew PPNCI struggled with such as funding and personnel issues. Because I wanted to determine how socially and politically active my respondents were I asked them about their involvement in other organizations

and issues before, during and after their involvement with PPNCI. I also asked respondents about the gender ratio of PPNCI staffs during their involvement and probed this area with questions about the roles of women and men in PPNCI. The interview ended with general questions about changes the respondent had seen in PPNCI over the term of her or his involvement.

The questions on my interview guide were organized to go from non-threatening, general information questions to questions that were more issue-specific. This order was developed to further put the respondent at ease. I also offered non-verbal encouragement (i.e. nodding my head as they were speaking) to each respondent as they answered the general questions, indicating that they were interviewing correctly. As respondents felt more at ease and their efforts were positively reinforced, they felt more comfortable sharing more personal views and explicit details.

Two additional interviews took place over the phone; one was recorded, one was not. The phone interview respondents professed to be very busy and preferred to complete a condensed interview over the phone instead of scheduling an in person interview. Ten questionnaires were sent out to respondents who had indicated a desire to participate in this project but with whom I was unable to coordinate either an in-person or phone interview. Of the ten questionnaires sent out, two were returned. This data provided me with anecdotal information that complemented the information from the South Bend Tribune.

The South Bend Tribune was my source for a review of PPNCI's history. In the 1960s the South Bend Tribune was like many other local newspapers in that it provided very detailed coverage of committee meetings and thus was an invaluable source of data.

Many articles provided script-like coverage of PPNCI board meetings and St. Joseph County Council meetings where the organization's founding was debated. Since my older respondents were heavily involved in their jobs and other civic endeavors at the time of PPNCI's founding, and because -- as they admitted -- their memories sometimes fail them, the South Bend Tribune's coverage of various meeting that involved PPNCI is one of the only detailed records of the organization's history.

A continued review of PPNCI through the present is also taken from the South Bend Tribune. However, the Tribune followed the shift that most local newspapers made in the 1970s and discontinued the practice of always covering the board meetings of local clubs and organizations. PPNCI's board meetings, like those of most civic groups, were not regularly deemed newsworthy. If a controversial issue surfaced, such as PPNCI being criticized by the Indiana State Board of Health regarding funding, reporters were assigned to the story and it was followed until it was resolved.

Information from the South Bend Tribune corroborated and clarified details from my oral history interviews. The most glaring example of this was an issue that three respondents referred to involving specific opposition to PPNCI from Bishop John D'Arcy of the Diocese of Fort Wayne-South Bend. Each respondent variously dated the event in the 1960s, the 1970s and the 1980s. They also variously elevated the Bishop to Archbishop and even Cardinal. The event loomed so large in PPNCI history that it became almost mythical and these respondents remembered it occurring during the time period when they were involved in PPNCI. The event actually occurred in 1993 when none of the respondents who remembered the event were actively involved with PPNCI.

Chapter 2 Oral histories, auxiliary interview data and South Bend Tribune articles provided well-balanced sources of information for this project. Because the South Bend Tribune offered confirmation of details gathered during oral history interviews, the data regarding specific events is valid. Information that reflects a respondent's personal opinion or emotions is also valid because the owner of that information was the person providing it to me.

This chapter reviews the birth and early growth of the family planning clinic system that would become Planned Parenthood of North Central Indiana (PPNCI) from 1959 to 1969. This chapter also reviews the organizational struggles founders of PPNCI experienced. Issues that would haunt PPNCI throughout its history would be initially discovered and dealt with by a group of dedicated volunteers and paid health practitioners. With the exception of the obstetricians who had faced the reproductive health care issues that PPNCI's founders would tackle, the original architects of the community's first family planning clinic were armed with little other than a motivation to improve the community. Because PPNCI's founders were not formally part of a social movement and their efforts were not in response to a social movement, this chapter does not review specific instances PPNCI was influenced by either the Reproductive Rights Movement or the Women's Movement, but rather shows how events in the affiliate's history were sometimes mirrored by national events triggered by both of these movements.

In 1959, approximately two years before the introduction of the oral contraceptive pill, a group of women in St. Joseph County, Indiana met to discuss the increasing number of children born to families receiving financial support from the county (PPNCI, 1982, 1). The group was headed by Wilmer H. Tolle who was the director of the St. Joseph County Department of Public

Welfare from 1949 to 1984 (South Bend Tribune 1/11/84:34). This group, like John Irving's Dr. Larch, was looking for a way to offer reproductive alternatives to poor people without passing judgement on them.

Articles in the South Bend Tribune indicate the county's welfare budget was in good shape. Expenses were being met and at some meetings a budget surplus was reported. However, the budget was required to cover increasingly broad needs for the county's indigent population including hospital bills for the birth of children, Aid to Dependent Children (ADC), general health needs and even burial expenses. The group that met in 1959 addressed the fact that there were no family planning clinics to which these welfare recipients could be referred. Was this group in agreement that birth control was one of the means to keeping the county's welfare budget under control? One respondent certainly thought so.

There were not very many people who objected to making sure that the poor didn't have too many children. You have to keep starting with that premise. The Welfare Department could not deal with all these people [Local obstetrician] Gordon Cook said, 'They can't afford to come to me to have their babies delivered. Even though I would love to do it, I can't. I'd starve.' It was not a particularly pristine philosophy. It had some social implications of keeping the people off the welfare rolls (Interview #1 12).

The road to an actual family planning organization in St. Joseph County was long. No meetings were held to specifically discuss the impact of the increasing number of people receiving welfare between the initial meeting in 1959 and 1964 when Wilmer Tolle gathered clergy leaders and physicians in a closed meeting "in order to gain good will and communication...in order to develop principles and guidelines for the development of family planning services and education" (PPNCI, 1982, 1). Family planning seemed to be on many people's minds in the mid 1960s. Family planning in the

context of world overpopulation was mentioned by President Lyndon Johnson in his State of the Union address in January of 1965. The president referred to the world's population explosion and scarcity of resources. It was also in 1965 that the United States Supreme Court decided, in *Griswold v. Connecticut* that married couples had a right to birth control based on the Constitutional right to privacy.

However, it was not until late 1967 (South Bend Tribune 10/19/67:33) that the county actually opened a family planning clinic that served clients one afternoon a week. In the interim there had been the development of steering committees, the development of a board of directors, investigation into funding, and three years of resource mobilization.

Like Margaret Sanger, Wilmer Tolle recruited influential, and often wealthy, members of the community in his effort to organize a family planning organization. Many of the members had generations of local history and understood how gently this idea needed to be introduced to the community. *Closed* meetings were held to discuss the possibility of a family planning clinic. In the South Bend Tribune the phrase *birth control* was not used. An organization called *Family Planning* of St. Joseph County Inc. (FPSJCI) was being organized to counsel married or engaged couples on "how to have children as well as how to limit families...Medically approved contraceptive methods will be explained ...[and]...[i]nformation on the rhythm method also will be provided on request" (South Bend Tribune 1/3/67:26). The founding members of what would become Planned Parenthood of North Central Indiana wanted to quietly initiate services. When the steering committee decided to make announcements regarding their efforts they agreed to 'begin to release carefully-screened news items to the press concerning the establishment of the corporation" (PPNCI, 1982, 2).

While most social movements of the 1960s benefited from people who complained and cajoled loudly enough to get attention -- the Civil Rights Movement benefited from eloquent speakers like Martin Luther King, Jr., the Women's Movement benefited from attractive theorists like Germaine Greer and boisterous organizers like Bella Abzug -- the founders of PPNCI chose instead to cautiously determine community opinion and move against it only at its weakest point. In this way local organizers rode on the coattails of the Reproductive Rights Movement and the Women's Movement. Let the national figures take the heat (and the giant steps forward). The local movement followed, eventually, behind the national movement, forming their organization when the community had been desensitized by national issues. In 1967 "South Bend [was] the last large community in [the state of Indiana] without" (South Bend Tribune 10/18/67:23) a family planning clinic.

Likewise, the people recruited to serve as officers, members of the steering committee or members of the board of directors, were conservative, respected members of the community. "My employer encouraged me to be involved in the community," said a founder, who was also an active member of several other community organizations and initiatives throughout the 1960s.

[A family planning clinic] seemed like a good idea. It was an area that was not being addressed but it needed to be. I knew that some people would not like it but I wasn't worried about that. The day the announcement [regarding my involvement] came out in the paper I was at lunch with my partners [from my employer's firm] and not one of them said a word. They were behind me.

(Interview #3 1)

The founders of the family planning clinic in St. Joseph County were people who did not need to fear reprisal because they were secure in their position in the community.

As FPSJCI sought funding, more meetings were held. The organization met with "representatives of Memorial [Hospital]...to [gain] further knowledge of how to deal with funding" (PPNCI, 1982, 2). A member of one of the committees met with a representative of Indiana's Special Health Services to discuss the possibility of obtaining funds from the state board of health. Eventually both the Office of Economic Opportunity and the State Department of Public Welfare were also identified as sources for funding. It was estimated that approximately \$25,000 per year (South Bend Tribune 11/29/67:26) in resources was needed to operate a clinic.

Although two Methodist churches offered free space for a family planning clinic, the founders instead chose to locate the clinic in the outpatient department of Memorial Hospital. Administrative offices were located at the County Health Department. Nonetheless, the Methodist church's early and sustaining involvement in both the local and national efforts of the Reproductive Rights Movement is an interesting side note in this study. At about the same time space was being offered by local Methodist churches, Washington D.C. Methodist bishop John Wesley Lord said,

the Methodist church believes that planned parenthood practiced with respect for human life fulfills rather than violates the will of God. It is an evil thing to perpetuate and aid methods that spawn millions of hungry human beings for whom there is no adequate support of any kind (South Bend Tribune 11/29/68:3).

One of this study's respondents was a retired Methodist minister and one respondent is currently serving as a Methodist minister. They both echoed Bishop Lord's sentiments.

I think [family planning] helps people be responsible for their actions and take control of their actions, which to me is a very Wesleyan concept. John Wesley founded the Methodist movement in American and he believed very strongly in freedom of choice (Interview #7 3).

South Bend Tribune) to announce to his constituents exactly what the organization intended to do. The County Council denied FPSJCI's request for a transfer of funds. Fortunately, the funds transfer had only been one of FPSJCI's funding options. By raising some matching funds, FPSJCI would be eligible for a \$12,225 grant from the federal Children's Bureau (South Bend Tribune 11/29/67:26). Board vice president Ernestine Carmichael offered to match donations from board members up to \$1500 to raise the matching funds (PPNCI, 1982, 10). The goal was reached, the grant was received and the organization was able to officially begin offering services. On December 21, 1967 St. Joseph County's first family planning clinic accepted clients. The clinic was open from 1:00 to 3:00 p.m. one day a week and was "staffed by a doctor, a nurse, a social worker and a receptionist" (South Bend Tribune 12/10/67:22). "Mrs. Arthur (Eleanor) Russell" (PPNCI, 1982, 10) was hired part time as the family planning clinic's first administrative director. Quite a staff for a clinic that was only open for two hours once a week.

Although the official word was that the clinic would only serve married or engaged to be married women, the South Bend Tribune noted that "unmarried minors must be accompanied by their parents or legal guardians, who must sign a consent form" (12/10/67:22).

At the same time FPSJCI was attempting to secure funding to open their clinic, their Board of Directors were also proposing applying for provisional membership in Planned Parenthood – World Population (PPWP). The national organization itself had chosen to change its name (although it would eventually return to Planned Parenthood Federation of America) to reflect its goals of world population control as a means to a

better life for the entire planet. FPSJCI's application for membership would be accepted in May of 1968 (PPNCI, 1982, 3) although the organization would not change their name to Planned Parenthood of North Central Indiana until May of 1969. Board members felt affiliating with the now international organization would "give a firmer base to the local programs and...make [the local organization] eligible for direct assistance from the regional headquarters in Indianapolis" (South Bend Tribune 7/15/69:18).

FPSJCI's name change occurred in tandem with the addition of other Planned Parenthood affiliates throughout the United States. Researchers Lawrence A. Brown and Susan Gustavus Philliber of the National Science Foundation, documented the diffusion of Planned Parenthood clinics surrounding major cities during the late 1960s and early 1970s -- the exact time period during which FPSJCI applied for membership with PPWP. Planned Parenthood's national growth could be tracked from the large, highly populated cities where the first clinics were formed to surrounding communities. "The general picture, then, seems to be one of a central organization fertilizing small seeds of local interest from which germination of a[n]...affiliate was possible" (Brown and Philliber, 1977, 219). Quite a fruitful image for an organization that focused on helping women prevent pregnancy. It is unknown whether Planned Parenthood contacted FPSJCI about membership or vice versa. Regardless, FPSJCI's application fits the pattern that was materializing nationally of the areas surrounding a large city (in FPSJCI's case Chicago and Indianapolis) eventually being influenced (or persuaded) by PPWP.

In the months before its name change, FPSJCI maintained a low profile, keeping its name out of the newspaper and serving clients without incident. The organization added "regularly scheduled night clinics" (South Bend Tribune 1/28/69:27) in an

outreach effort to women who worked during the day. Board member William D'Antonio, a University of Notre Dame sociology professor prepared a survey to determine if FPSJCI was meeting the community's family planning needs. He did not share specific statistical information he might have obtained through the survey but recommended that "clinics should be established where they are needed most," (South Bend Tribune 3/25/69:17). The Board of Directors largely agreed it was necessary to organize a clinic within the specific neighborhoods where their clients lived. During the first year of service fifty-five women who had been referred to the clinic never showed up for appointments. The Board felt that the clinic's location in the Memorial Hospital outpatient department was the cause of these no-show patients.

One respondent felt there were other reasons FPSJC was looking to locate a clinic somewhere besides Memorial Hospital and to seek affiliation with PPWP.

They were worried about some liability that they might have. At that particular time in history, almost nobody was serving teens. That was a concept that scared everybody witless. The idea that you should be acknowledging that teenagers were sexually active and could use contraceptives was just abhorrent to many people (Interview #1 1).

Teen pregnancy was an issue that St. Joseph County shared with the rest of the world. Even if some founding members preferred to think of FPSJCI's services as merely "health care for the indigent," (Interview #3 1) the organization was serving a population of young, sexually active teenagers along with adult women.

In 1969, the South Bend Community School Corporation's policy was to remove a girl from school "as soon as we become conscious of the fact she is pregnant" (South Bend Tribune 1/5/69 special section). Whether a young woman chose to raise her baby

or found a way to hide her pregnancy and place her baby up for adoption, she faced at least a gap or a complete halt to her education.

Young women who chose to seek an abortion faced the horrors of the illegal trade or the complicated logistics of obtaining a legal abortion. Between 1967 and 1970 a few states, including New York, had legalized abortion. "We were sending sixteen-year-olds off to New York City or Eastgate or to one of the other facilities. Getting them on a plane on a Friday afternoon and back on a Sunday after they said they were visiting friends somewhere" (Interview #1, 3).

Obviously unwanted pregnancies could be every woman's problem, regardless of age. However, society cast a particularly dark pall on teenagers and unmarried women who "got caught" (South Bend Tribune 1/5/69 special section). Few St. Joseph County agencies offered help to young, unmarried pregnant women in the late 1960s. The publicly discussed agencies included the Welfare Department, the Family and Children's Center and Catholic Services. There was also a group of clergy members known as the clergy counsel which was a group of clergy who agreed to place their names and phone numbers on a list. If a young woman called an agency like FPSJCI whose bylaws restricted them from discussing abortion, she was referred to the clergy counsel. The clergy counsel discussed the options available to a young pregnant woman, including abortion.

"I do not think any member of the clergy counsel was advocating abortion. I think that's why Planned Parenthood had strong clergy support. We would rather see that those pregnancies had not occurred. We would rather work on that end of it" (Interview #10 2).

As in many communities in the United States in the late 1960s and early 1970s, young women in St. Joseph County who could not afford the travel expenses tied to obtaining an abortion in a state or country where it was legal had an illegal option. "The place around here in the late sixties was Hudson Lake. They would do them at somebody's house. It was \$150 or something and they would use a hanger" (Interview #2 7).

Although by 1970 Planned Parenthood of North Central Indiana, as it was now officially known, was offering family planning counseling, inserting intra-uterine devices (IUDs), fitting diaphragms and providing prescriptions for oral contraceptives, the organization did not officially provide information about legal abortion services. All calls or personal requests for such information were referred to the local clergy counsel by providing the person requesting the information about abortion with the list of members of the clergy counsel.

Members of the clergy counsel were usually very busy with the duties tied to large congregations and in the days before answering machines young women seeking information about abortion options were often unable to reach a member of the counsel.

No, the clergy counsel was not so organized that they had a phone manned for a certain period of time every day. Girls got information if they were able to catch somebody on the phone. And even if they did get an answer, they were usually too scared to speak and hung up (Interview #10, 4)

PPNCI recognized the problems that were inherent in serving a younger population, only one of which was providing abortion information, but members of the organization agreed that "more young people should be involved in family planning programs" (South Bend Tribune 3/25/69:25). PPNCI was taking a broader approach to

working with teenagers, emphasizing helping them to “make their way through an era of value crises” (South Bend Tribune 3/25/69:25) versus simply providing contraception.

Whether PPNCI could help teenagers in what was, nationally, a chaotic world during the sexual revolution, depended largely on how easily they could work without opposition. In the late 1960s the Catholic Church began their own social movement: the Right to Life Movement. Organizations like the Right to Life Movement were “a conservative response [to social movements like the Reproductive Rights Movement] which identified...unlimited access to contraception with sexual permissiveness and subversion of tradition, the family and morality” (Gordon, 1990, 399). PPNCI's battle against groups and organizations that wanted to pass moral judgement on their services would be one they would fight for the rest of their history.

In their first few years of operation, PPNCI's founders and supporters faced opposition and organizational roadblocks but energetically continued their work. Early supporters may have been surprised at the Pandora's box of issues that confronted them -- especially if their motivation had purely been to serve a group of people who otherwise would be without reproductive health care. But support remained and PPNCI's growth would continue, just as both the Reproductive Rights Movement and the Women's Rights movement would continue to impact society on a national level.

Chapter Five research in contraceptive technology and population problems" (Dryfoos,

et al, 1971, 30). It would take Larch some years to educate the population regarding birth control - the ratio would endure for some time: one abortion for every three births. Over the years, it would go to one in four, then to one in five. (Irving, 1985, 67)

This chapter reviews the continuing growth of PPNCI from 1969 to 1992. The affiliate continued its move toward professionalism as a volunteer and part-time staff was eventually replaced by paid, full-time employees. The affiliate also continued to open clinics throughout north central Indiana. Although the affiliate was never an abortion provider, as the community's and the country's attention turned toward the legalization of abortion, PPNCI would continue to be associated with the procedure. Funding woes would become more apparent as the affiliate searched for ways to maintain and increase the services they provided. Some of these services were provided to women and men under the age of eighteen without their parents' consent and employees and supporters of PPNCI faced protests and laws that made it difficult to continue to serve a population that most obviously needed their services. This chapter also reviews how the Reproductive Rights Movement and the Women's Movement would continue to influence PPNCI.

In the late 1960s and early 1970s there was a flurry of national activity that created the backlash that, in turn, created the Right to Life Movement. Reproductive rights organizations like Zero Population Growth, the National Women's Health Network and the Reproductive Rights National Network were also gaining momentum in the late 1960s and early 1970s and accomplishing some of their goals. In December of 1970 President Richard Nixon signed the Family Planning Services and Population Research Act into law (Dryfoos, et al, 1971, 30). The law provided for the distribution of nearly \$400 million "to support the delivery of family planning services, related training and

education and research in contraceptive technology and population problems" (Dryfoos, et al, 1971, 30). The law's purpose was defined as making voluntary family planning services available to anyone who sought them. PPNCI would be affected most specifically by the Family Planning Services and Population Research Act as they worked to insure the affiliate received its share of the funding available.

However, federal funding could not be used to hire administrators and so in November 1970 Ann Thatcher, a new executive director - albeit still only part time, was hired by PPNCI (PPNCI, 1982, 4). It was also at this time that PPNCI opened its first free-standing clinic on South Chapin Street in South Bend. Administrative offices were also moved there. The building had been purchased for PPNCI by a prominent local businesswoman who had, famously among PPNCI insiders, disguised herself during the transactions. Whether the disguise was necessary, as two respondents surmised, because the businesswoman would be connected with PPNCI and the sale of the property would be refused because of local controversy over the family planning clinic or – as equally, if not more, likely – the businesswoman did not want to be recognized because the property's asking price might be inflated, may never be determined. Regardless, the subterfuge was deemed necessary and the property was purchased.

Within three years of opening its first clinic, PPNCI was serving ten times the number of clients it had originally served. This local trend matched national trends. The Great Lakes region (of which PPNCI was considered a part) ranked second in the nation, behind the southeast region, and Indiana ranked as one of the highest states in terms of greatest need for family planning services (Dryfoos, et al, 1971, 36-38). It was decided that the services of a full time executive director were necessary and former social worker

Eleanor Richardson was hired. In March of 1971 (PPNCI, 1982, 4) a clinic was established in Mishawaka in a building that also housed senior citizen housing. "I don't know what those old people thought we were doing. I think they thought we were doing bad stuff, actually" (Interview #2 1). During 1972 PPNCI opened three satellite clinics throughout South Bend. In March of 1973 (PPNCI, 1982, 4) the funds were secured to open a clinic in Elkhart, Indiana. The intention to open a clinic in Elkhart was longstanding and was prophetically indicated in FPSJCI's choice of a name when they joined PPWP. The affiliate was known as Planned Parenthood of North Central Indiana, not Planned Parenthood of St. Joseph County. Elkhart is located outside of St. Joseph County in Elkhart County. Clearly the founders of PPNCI had early goals of moving beyond St. Joseph County.

This steady growth was a product of PPNCI's board, committee members, employees and other supporters becoming more organized as much as it was a result of affiliating with PPWP. From the initial discussions, it took nearly a decade for the first clinic to be opened, but once the affiliate learned how to secure funding, how to set up and staff clinics and how to handle public relations (the latter even if by silence) it was a matter of repeating efforts in an organized way to efficiently open more and more clinics.

By 1971 the community that PPNCI called home began to slowly be further affected by the changes that had precipitated PPNCI's founding. In that year the South Bend Tribune began referring to PPNCI's clinics as birth control clinics as opposed to family planning clinics. It was also in 1971 that the Junior League of South Bend began to provide notable support to PPNCI.

The Junior League committed \$65,000 to cover a three year prenatal and postpartum care program for PPNCI. This program offered "preparation for parenthood of both parents, nursing and social work counseling and maternal and child health care" (South Bend Tribune 3/14/71:28). Junior League officials referred to the program as a delivery of services that would work with women early in their pregnancy to provide quality health care to "prevent infant mortality, lessen the chance of mentally and physically damaged children and provide the freedom of choice for the mother as to when she has children and how many" (South Bend Tribune 3/31/71:62). The Junior League even featured the program in a speaking tour that year to both gain further support and bolster PPNCI's image as family friendly.

While PPNCI now had the funds to provide prenatal and postpartum care to women who chose to keep their babies, the affiliate was also expanding the services they offered to women who did not want to become pregnant and men who did not want to cause a pregnancy. In April of 1971 (South Bend Tribune 4/18/71:30) the affiliate authorized a local study to determine if voluntary sterilization would be accepted as one of PPNCI's services. By July of that year the board voted to sponsor a vasectomy clinic at Memorial Hospital. PPNCI's continued sponsorship of these clinics -- where the emphasis was obviously on male contraception -- illustrated the affiliate's all-encompassing approach to birth control. The clinics also represented an acknowledgement of the dual nature of reproduction versus the traditional view that the consequences of sexual intercourse were entirely a woman's responsibility.

During the same meeting where the vasectomy clinic was approved, the board also decided it was time to offer "consultation for problem pregnancies," (South Bend

Tribune 4/18/71:30) i.e. women seeking abortion information. This was a major step for the affiliate. After years of carefully treading around the phrase birth control, the affiliate decided that abortion was an issue they could not ignore. It may have been easier, of course, for PPNCI to take this stand given the fact that through their affiliation with PPWP they probably were aware that legalization of abortion was on the horizon. Nonetheless, the board made a bold move. They cited the clergy counsel's inability to serve this group of women and noted "referring women to someone else is a copout for us. It is hard telling what a girl might do if she has to make another call for help." (South Bend Tribune 7/13/71:31)

According to one respondent, "the biggest problem was that we were losing these kids. We never knew whether that clergy consultation person they were sent to knew what he or she was doing" (Interview #1 3).

PPNCI hired their first male employee to fill the position that would deal with problem pregnancies: Eugene Chism (South Bend Tribune 1/27/72:30). The South Bend Tribune noted that Chism had been a basketball standout at South Bend's Central High School and that his gender might make men calling PPNCI feel more comfortable. No mention was made of what percentage of callers regarding problem pregnancies were male or how the comfort level of female callers would be affected by Chism's gender.

PPNCI's decision to deal with problem pregnancies in 1972 came at a time when the clinic was seeing an increased client load in the teen and college age groups. "We have worked out a very satisfactory relationship with Saint Mary's College," (South Bend Tribune 2/1/72:13) said executive director Eleanor Richardson, without further elaboration of that relationship with a Catholic women's college.

PPNCI continued to move forcefully ahead and also in 1972 announced they would provide birth control pills to a minor “without her parents’ consent if it is determined the girl is sexually active” (South Bend Tribune 5/11/72:8). This move would assuredly be questioned in a community that had been slow to even use the phrase birth control in print. Morality was at issue because some people believed that providing contraceptives would promote sexual activity and promiscuity among minors. Parents and community members speaking at a St. Joseph County Council meeting felt that, without easily available contraceptives, minors would postpone sexual activity. PPNCI officials were quick to point out that their young clients were already sexually active before seeking contraception. “People have sometimes asked me, ‘Is Planned Parenthood moral?’ Of course then you have to ask for the definition of moral. The philosophic premise of protecting the young and helping them correct their mistakes is a very moral activity” (Interview #1 15). – Dr. Gordon Cook, project chairman of PPNCI said that “a

At least one person voiced protest against PPNCI’s policy regarding distribution of birth control pills to minors without their parents’ consent. A South Bend businessman threatened to contact PPNCI’s major contributors to urge them to cut funding. PPNCI defended their policy. Dr. Herbert Schiller, a local obstetrician who worked for PPNCI, noted that if young women requesting birth control pills instead became pregnant it would cost “more than \$18,000 in tax money to raise [her] child if he were placed on welfare” (South Bend Tribune 6/14/72:14).

Dr. Schiller also said, “When a minor child comes to the clinic for services, the parents have already failed. If we say to the sexually active child that she cannot have the

pill, we then know this action may result in an unwanted pregnancy, a legal or illegal abortion or an unhappy marriage” (South Bend Tribune 6/14/72:14).

Despite Dr. Schiller’s firm stance at the public meeting reported on by the South Bend Tribune, PPNCI must have seen a need for some reconciliation with the community on the issue. Just three weeks later the affiliate announced they were convening a special meeting with “representatives of some thirty community youth-serving agencies [to discuss ways of] improving communications between parents and their children” (South Bend Tribune 7/6/72:50). No further reference to this initiative is mentioned following the small announcement buried on page fifty of the Tribune.

On page nine of the same edition of the Tribune was, however, a report on the number of clients PPNCI estimated it would serve in 1972. Despite the fact that PPNCI estimated they would service two thousand clients in 1972 – forty times the number of clients they served in 1968 – Dr. Gordon Cook, project chairman of PPNCI said that “a community of this size has more than five thousand women in the poverty area who need protection” (South Bend Tribune 7/6/72:9). The affiliate was holding longer clinic hours and watching its client base grow weekly but they still felt that there was even more growth and outreach necessary to fulfill their mission.

PPNCI stayed out of the newspaper for the next six months even (or especially) when the *Roe v. Wade* decision was handed down on January 22, 1973. Organizations like the National Abortion Rights Action League (NARAL), the Religious Coalition for Abortion Rights, Zero Population Growth, the National Women's Health Network, the Reproductive Rights National Network (R2N2) and the National Organization for Women (NOW) had worked long and hard, sometimes walking through neighborhoods

and knocking on doors to identify and mobilize support for the legalization of abortion. These efforts were brought to fruition when the United States Supreme Court decided that a woman's individual decision about abortion was constitutionally protected under the right to privacy.

Whether the PPNCI officials declined to comment to the press on the *Roe v. Wade* decision or they were never asked is unknown. Former PPFA national director Faye Wattleton felt that "the federation's lack of unity on this crucial issue perpetuated the negative perception [about abortion]" (Wattleton, 1996, 152). Regardless of whether PPNCI received no direction on the issue from the national federation or themselves chose to stay mum, PPNCI was prominently missing from the South Bend Tribune during the months before and after the decision. In fact, the affiliate remained very quiet until June of 1973 when they hosted the Planned Parenthood – World Population Great Lakes Region three-day annual meeting at Notre Dame's Center for Continuing Education (South Bend Tribune 6/1/73:32)

There were, predictably, protest marches by Right to Life groups outside the Center but the entire conference ended without major incident. It was a notable conference, though. Major national figures spoke about Planned Parenthood's stance on abortion. Included in the South Bend Tribune's report on the conference were overviews of each speaker's thoughts. The word abortion is used over and over in the article, showing how far the community had come in regard to the language of the Reproductive Rights Movement. Only a year before women seeking abortions had been euphemistically referred to as problem pregnancies.

It was, perhaps, the legalization of abortion that drove PPNCI into a sort of underground concerning the press. While the South Bend Tribune appears to have made style and content changes at this time which may account for PPNCI's reduced coverage in the paper, there also seemed to be less to report. For one reason or another, fewer details about PPNCI's operations were reported beginning mid-1973. The Junior League's prenatal and postpartum program continued to receive special coverage during this period, but this may have been due to the efforts of the media-savvy Junior League instead of PPNCI itself.

Lack of coverage in the press had nothing to do with lack of growth within PPNCI. In June of 1974 (PPNCI, 1982, 5) the affiliate opened a clinic in Marshall County. They also developed a five-year long range plan. This long range plan seemed necessary at a time when all the clinics, including the newly opened Marshall County clinic, were experiencing growing pains and more demand than services that could be supplied.

The increased demand did not get in the way of PPNCI continuing to introduce new programs to their service area. In May of 1975 (PPNCI, 1982, 6) the affiliate was awarded a grant from the Indiana Committee on the Humanities for a series of public forums about sex education in schools. The programs that the grant funded and inspired would become a strong and lasting component of PPNCI's services. Through the 1970s human sexuality conferences, lectures, public school programs and teaching modules would be the main feature of newspaper articles about PPNCI (although the number of articles appearing annually about the affiliate continued to dwindle through this decade).

By newspaper accounts, the affiliate remained very busy with requests to provide this service.

Through late 1977 PPNCI continued to add clinic hours and services. In 1976 (PPNCI, 1982, 6) a clinic in Kosciusko County was opened. Full-time paid staff were added through the years to replace volunteers and part-time staffers. Growth seemed to come easily to the affiliate as they continued to become adept at organization of the clinics and resources. However, as the affiliate reached its tenth anniversary of service, the South Bend Tribune reported that the Indiana Board of Health told "the agency it has grown too big and...Planned Parenthood [must] cut its staff and reduce its costs" (South Bend Tribune 10/23/77:27). By the time of this report, PPNCI had clinics in a four-county area (St. Joseph, Elkhart, Marshall and Kosciusko counties). The affiliate also had a sixty-five member board of directors (South Bend Tribune 10/23/77:27).

Funding for agencies like PPNCI in 1977 had, at the same time, become simpler and more complicated than when the affiliate began seeing patients in 1967. Both the federal and state governments became more involved in funding for family planning clinics. In the ten years since the organization had opened its first clinic, agencies duplicating services offered by PPNCI or offering similar services began competing for the funds that PPNCI had seemed to access so easily in the late 1960s. In what was called an effort to simplify funding and regulate the organizations requesting funding, federal and state government stepped in. PPNCI received Title V and a small amount of Title X funds, federal funds earmarked to serve the medically indigent channeled through a state agency. In PPNCI's case these funds were channeled through the Indiana Board of

admitted, may be in violation of state or federal guidelines" (South Bend Tribune

Health. The state agency's participation provided a sort of check and balance function, determining if the Title V funds were being used appropriately and efficiently.

Almost \$200,000 was trimmed from the 1977-78 budget proposal that PPNCI had submitted to the state. The state recommended that PPNCI reduce costs by closing all clinics and offices outside of St. Joseph County. The state felt that those clinics were not serving enough clients to justify the costs involved in keeping the clinics open. Terry Lehr, PPNCI's president of the board of directors at that time, admitted that "the agency has not grown the way [I] hoped it would. Outside of St. Joseph county the agency serves a basically rural, conservative area and it is difficult to get the people to come to the clinics" (South Bend Tribune 10/23/77:27).

However, what both Lehr and executive director Eleanor Richardson did not agree with was the state's belief that the affiliate needed to cut staff. Richardson presented a sometimes confusing argument that PPNCI's budget shortfalls were because of the way the state disbursed the Title V funds. Entangled in Richardson's argument was a U.S. Department of Health, Education and Welfare audit "criticiz[ing] the local agency for its policy governing the payment of its bills." (South Bend Tribune 10/23/77:27)

Richardson and Lehr explained that the affiliate sometimes experienced a shortage of funds due to the length of time it took the state to reimburse their expenditures with Title V funds. PPNCI had a creative way of paying vendors in order to have some cash on hand. PPNCI would purchase goods or services from a vendor and then when reimbursement from the state was processed the affiliate "would hold the check it got from the state instead of paying vendors as soon as the check arrives. The practice, Lehr admitted, may be in violation of state or federal guidelines" (South Bend Tribune

10/23/77:27). The practice may also explain PPNCI's huge (\$566,934) budget proposal for the 1977-78 fiscal year. A large amount of money was needed to juggle payment as PPNCI was doing.

PPNCI may have had no other choice but to develop a creative billing strategy to maintain a cash flow. Non-profit organizations are typically bound by funding regulations and difficulties. Nationally, groups like the Reproductive Rights National Network (R2N2) were having "difficulty finding financial resources (Staggenborg, 1991, 115). In the post-*Roe v. Wade* era, financial support and movement energy was focused on keeping abortion legal. Groups like R2N2 and PPNCI found it difficult to raise funds for other initiatives like improving the delivery of reproductive health services like prenatal care and enhanced birth control counseling. Even though PPNCI probably had good reasons for their chaotic budget, the affiliate was nonetheless chastised by the state and in the press and officials agreed they needed to uncover other funding sources to keep the affiliate afloat. A fund drive was started to build a cash reserve that could serve to finance the affiliate's unique billing method. Richardson also noted to the South Bend Tribune that the organization had applied for Title XX funds, another source of federal funds for low-income health care clients.

At about this same time the United States Congress passed the Hyde Amendment which denied the use of Medicaid funds for abortion. Women who qualified for Medicaid were usually living at a poverty level and denying the use of Medicaid fund to pay for abortion effectively meant that these women could not otherwise afford the procedure. Since PPNCI was not an abortion provider, this funding shift did not directly affect them. However, the issue grabbed the focus of PPWP and other national

reproductive rights organizations which meant less attention to efforts -- like lobbying for funding options -- that *could* directly affect PPNCI. The national reproductive rights organization R2N2 tried to use the connection to the abortion rights movement to their advantage, launching a "petition campaign to the Hyde Amendment [as] a means of mobilizing [reproductive rights] activists" (Staggenborg, 1991, 116).

The PPNCI budget fiasco may have driven executive director Richardson to resign. In early 1978 (South Bend Tribune 1/23/78:18) she announced her intention to resign effective June 30, the end of PPNCI's fiscal year. Richardson said, "the organization needs a change in leadership. Planned Parenthood needs a leader with management and fund raising skills" (South Bend Tribune 1/23/78:18). Despite budget woes, the organization had grown during Richardson's seven years as executive director and was now serving 7,541 clients annually. Richardson's comments may have reflected the reality that PPNCI seemed to be successful in spite of itself. Officials seemed to lack budget expertise, the affiliate's efforts were rarely related to the media and every clinic faced staffing shortages. But every year more and more women and men were seeking out PPNCI's services.

Peter Brownlie, former director of youth services for the Ann Arbor, Michigan Planned Parenthood affiliate, was hired to replace Richardson. When his appointment was announced the headline read, "Sound funding is top goal" (South Bend Tribune 6/25/78:27). Brownlie seemed adept at telling the Tribune, and hence the public, what they wanted to hear. While Richardson was not an abortion advocate, she never discussed the issue in the press. Brownlie, on the other hand, tackled the issue head on, professing a stance meant to appease his new Catholic community.

[Brownlie] even went so far as to propose a healing of the apparent breach that has developed between Planned Parenthood and anti-abortion groups like Right to Life. "We aren't as far apart as it seems when we're shouting at each other," he commented, explaining that Planned Parenthood views abortion as the "least desirable alternative" to an unwanted pregnancy. Ideally, Planned Parenthood seeks to provide services for the prevention of unplanned pregnancy, but Brownlie said some pregnant women choose abortion because they are not aware of other alternatives. He hopes to make the continuation of a pregnancy "more of an option than it is now." (South Bend Tribune 6/25/78:27)

It is possible that Brownlie's comments were taken out of context by the Tribune reporter. He also spoke for the entire affiliate as well as the international organization when he commented on Planned Parenthood's desire to steer women away from abortion as a choice. "Brownlie was very much a people person. I don't say this in the pejorative, I think it's just a fact: Peter was using this affiliate to build a stepping stone to a better place. He wasn't going to stay in South Bend" (Interview #1 3). He may not have had long term plans to stay in South Bend but he did not seem to have any intentions of ruffling feathers while he was there.

Brownlie's diplomacy, however, was not enough to win full-fledged support from the communities PPNCI served. The 1978 fund drive that was initiated to build up a cash reserve for the affiliate had only reached the halfway point in October of that year. The affiliate had hoped to raise \$23,000 by the end of the year. "Margaret Goldberg, fund raising coordinator for Planned Parenthood said the real weakness appears to be St. Joseph County" (South Bend Tribune 10/2/78:43). The county where PPNCI began and where the affiliate had the most history and would, presumably, be best known was not offering financial support to the organization. The St. Joseph County fund raising committee had barely raised twenty-five percent of their goal while the Elkhart, Marshall

and Kosciusko county fund raising committees, meanwhile, had gotten within seventy-five percent of each of their goals.

In January 1979 (South Bend Tribune 1/19/79:21) PPNCI announced that they had gotten within about \$1,000 of their \$23,000 goal. Garage sales, personal solicitation and large donations from churches helped the organization reach its goal in what might be considered the final hour. "The funds are used to pay Planned Parenthood's medical liability insurance and national dues, as well as incidental expenses like educational activities and volunteer services" (South Bend Tribune 1/19/79:21). This usage was in contrast to what PPNCI president Terry Lehr had discussed when the affiliate's budget was cut by the state in 1977 but the discrepancy was not explained.

Peter Brownlie was hoping to "make the agency more efficient" (South Bend Tribune 10/12/78:22) which may explain the change in plans for fund usage. Brownlie said, "Planned Parenthood will reorganize the 'staffing patterns' and 'patient flow patterns'" (South Bend Tribune 10/12/78:22) while at the same time increasing clinic hours. A long range goal was to "develop a capacity for natural family planning as an integral part of the Planned Parenthood services" (South Bend Tribune 10/12/78:22). This goal to emphasize the rhythm method as a form of contraception also seemed to be a move to placate the Catholic population of the community.

While Brownlie was attempting to make the affiliate more efficient, funding was becoming a logistical nightmare. Various clinics met the requirements to receive various funds -- Title V, Title X, Title XX -- but not all clinics met all the requirements to receive all the funds. Requirements were based on variables such as client income, geographical location of the clinic or the health care practitioner's status (nurse versus nurse

practitioner versus physician). Patient traffic and need were taken into consideration when clinic staff was scheduled but at the same time, PPNCI was also trying to manipulate certain staff and certain patients in a game to maintain a certain level of funding.

PPNCI's policy of serving minors without parental consent suddenly factored into their funding mess when regional officials for the Department of Health, Education and Welfare, the federal agency that distributed Title V funds, conducted an audit to determine the affiliate's compliance with state laws. Federal regulations mandated that any agency using Title V funds needed to be in compliance with state laws. "An [Indiana] state law dating back to 1961 says minors cannot be served without parental consent" (South Bend Tribune 1/28/79:25). PPNCI was sent a letter in early January 1979 from the Indiana State Board of Health, giving the affiliate thirty days to comply with the law (that is, to begin requiring parental consent before treating minors). At stake was over \$400,000 in funding (South Bend Tribune 1/30/79:20) which was almost eighty percent of PPNCI's operating budget.

The affiliate attempted negotiation with the State Board of Health and, at first, it appeared that the letter was simply a matter of protocol and nobody expected PPNCI to comply with the 1961 law or lose their Title V funding. "That letter doesn't mean much," (South Bend Tribune 1/29/79:22) said Dr. Louis Spolyar of the State Board of Health. Spolyer said "he wrote the letter because he [felt] Planned Parenthood [had] not been 'energetic enough' in seeking parental consent before serving minors" (South Bend Tribune 1/29/79:22). The State Board of Health itself was known for treating minors without parental consent. The Department of Health, Education and Welfare had issued

the Schuck Report in 1977 that documented the number of adolescents needing the services of an agency like Planned Parenthood in the United States and insinuated these services should be provided with or without parental consent. PPNCI seemed to be the one agency that happened to get caught doing what every other agency was doing.

When an offer of compromise did not appease the State Board of Health or the Indiana attorney general, PPNCI's board of directors met "to decide if it was worth risking the loss of funds to stand up for a principle...and they decided yes." (South Bend Tribune 3/22/79:36) Planned Parenthood Federation of America (the name by which Planned Parenthood - World Population was again known) seemed prepared to stand behind their affiliate. Eve Paul, attorney and vice president of legal affairs for PPFA spoke at PPNCI's annual meeting in March 1979 and "said she advised Planned Parenthood agencies threatened with the loss of funds to seek a better reading of the law and in absence of that reading, go to court to fight it." (South Bend Tribune 3/26/79:26)

PPNCI attorneys had sent their interpretation of the state laws that mentioned health care treatment of minors to the State Board of Health and the state attorney general's office and waited to hear the attorney general's ruling. In the meantime, the affiliate prepared for a legal battle by organizing allies, which included the Bloomington, Indiana Planned Parenthood affiliate.

Somehow we weathered it. I do not remember how but I suspect we knew all along that they were not going to take funding away. They could not have done it. Who was going to pay for all those babies born to the girls who couldn't get their parents' permission to take the Pill? But I think there were some, locally and nationally, who liked the idea of taking a case all the way to the Supreme Court. I think that's why they made so much out of it (Interview #10 4).

The outcome of this budget and policy crisis was that PPNCI promised to make an effort to obtain parental consent for treatment of minors and the affiliate retained their

Title V funding. This expected ending is somewhat anti-climactic considering the buildup the South Bend Tribune, PPNCI and PPFA gave the issue.

When the affiliate next made news they were advocating Medicaid funding for abortions and reproductive freedom. An article in the bottom corner of page eighteen of the South Bend Tribune was the quiet location of this proclamation of PPNCI's new public advocacy. PPNCI announced that it was forming a legislative alert network and joining with the state Planned Parenthood unit to hire a public affairs lobbyist "in the face of the current political climate and a recent U.S. Supreme Court decision upholding the controversial Hyde amendment" (South Bend Tribune 7/14/80:18). The alert network monitored state and federal family planning legislation as it pertained to the issues that affected PPNCI.

Hiring the lobbyist was a combined effort of all of the Indiana affiliates. "All the affiliates belonged to a state-wide association and they hired a lobbyist. The association would work with the lobbyist making sure she was...advocating for health care, insurance issues and abortion issues." (Interview #4 9) The alert network was more of a local effort. Past and current board members were the initial members of network and other PPNCI supporters eventually joined the effort (South Bend Tribune 7/14/80:18). Ann Pfeiffer, PPNCI's president of the board of directors in 1980 argued that the Supreme Court's decision was the "'first in a series of further limitations'" (South Bend Tribune 7/14/80:18). Pfeiffer also made note of the anti-ERA and anti-choice stances in the National Republican Party's recently adopted 1980 party platform. She further mentioned how Pro-Life groups were supporting Republican Party candidates who

supported the national platform. According to Pfeiffer, "The issue is reproductive freedom" (South Bend Tribune 7/14/80:18).

This public stance was an amazing departure from PPNCI's historical tendency to distance themselves from the abortion issue and it was the first time an affiliate official even hinted at reproductive freedom being a women's rights issue. The same article noted that executive director Peter Brownlie (who had based his directorship on diplomacy) was on vacation which could explain the heretofore unspoken opinion.

No further opinions found their way either out of the mouths of any PPNCI officials or into the South Bend Tribune. The next public announcement from PPNCI was, once again, about their funding situation. Executive director Peter Brownlie hosted the media at the opening of PPNCI's latest clinic, the Family Planning Center, in October 1981 (South Bend Tribune 10/1/81:23) and announced that "because of federal funding cutbacks, clients of Planned Parenthood...are being asked to help carry part of the financial load" (South Bend Tribune 10/1/81:23). Brownlie countered the news about the new fee structure with the promise of a more efficient clinic structure.

Brownlie said a reduction on federal funds brings with it freedom from complying with "the myriad of federal regulations and requirements that accompany family planning grants." A reduction of paperwork, reports, forms and statistics will mean "we will be able to streamline our services." (South Bend Tribune 10/1/81:23)

Funding problems and issues would continue to hound the affiliate through the 1980s. "It seemed as if we were always walking a fine line to be sure we got their funding renewed, that we followed whatever rules came along with the funding."

(Interview #5 3) Clinic personnel now had to be even firmer about collecting payments

from clients while at the same time maintaining the level of care and service that clients had come to expect from the affiliate.

Employees were also asked to contribute to fundraising campaigns which sometimes led to resentment. "I was already making a big contribution by earning less than I would have at other places. Significantly less. And yet, I really believed in the services we provided. I saw that on a daily basis. So I gave" (Interview #5 4).

It was also during this period of time that PPNCI began to concentrate even more of their efforts on the educational aspects of the services they provided. Peter Brownlie resigned from PPNCI and was replaced by Elizabeth (Betty) Mooney in 1983. Mooney was a trained sex educator with a long history of working with various Planned Parenthood affiliates. During her directorship, the affiliate organized a program called Project Assist that trained high school students to be mentors among their peers. The program received a citation from PPFA for its "educational significance" (South Bend Tribune 11/2/88:B4).

In the mid-1980s, the world became aware of the Acquired Immune Deficiency Syndrome (AIDS) virus and Planned Parenthood affiliates were faced with a new health care crisis. PPFA sponsored a national conference in "November 1986...to discuss the implications of AIDS for providers of reproductive health care" (Donovan, 1987, 111). Conference attendees agreed that the client population served by Planned Parenthood affiliates were in a higher risk group because of their higher instance of sexually transmitted diseases. In fact, in 1987, the Centers for Disease Control "suggested that it may be appropriate to offer testing to all women who visit family planning and prenatal clinics in certain neighborhoods" (Donovan, 1987, 111). While PPNCI did not conduct

AIDS testing within their clinics, they counseled and considered education to be the strongest tool available to prevent the spreading of the disease. In the late 1980s, information about AIDS and HIV was included in all of PPNCI's educational programs.

Educational innovation was not Betty Mooney's only contribution as an executive director. She was popular among the affiliate's employees and with her boards of directors because of her innovative management style. Two employees were allowed to bring their infant children to work with them (South Bend Tribune 9/28/87:A6), a nurse practitioner training program was adopted from the national model and "mental health days were encouraged" (Interview #2 5). Mooney also encouraged clinic aids, educators and counselors to seek out new employment opportunities because they had little room for advancement at PPNCI.

I think she believed she was creating Planned Parenthood ambassadors by kicking us out of the nest. For some of us, [working at PPNCI] was our first professional job after college. Betty understood that we could not really grow if we stayed. I think she also understood how burned out we could be. This way we left as allies instead of enemies (Interview #2 5).

Perhaps because of the precedent set by PPNCI board of directors president Ann Pfeiffer in 1980, Mooney seemed able to publicly speak her mind. Mooney could be seen in South Bend Tribune photographs as the member of a pro-choice advocacy group and she often wrote letters to the editor defending reproductive rights.

In addition to developing educational initiatives and an equitable work environment through the 1980s and early 1990s, PPNCI also continued their clinic expansion. The organization also began to hold clinic hours at the Fulton County Health Department. The clinics continued to increase their client load. "The numbers went up, within the organization.

the visits went up, we were open more days and more hours. It really was a thriving thing. It seemed like the agency was growing at that point" (Interview #5 4).

The clinic in Mishawaka found a permanent home and held clinics under the name Hawthorne Professional Care. The Mishawaka clinic initially did not carry the Planned Parenthood name because

the landlord was afraid that if we used the words Planned Parenthood we would be bombed. The landlord had put into the lease the first time around that we would not use the name Planned Parenthood. After we had been there two years the landlord backed away and said, 'I guess I don't have to worry about this anymore. You can call it anything you want.' Then we put the Planned Parenthood logo up there (Interview #1 6).

PPNCI also teamed with the Women, Infants and Children (WIC) supplemental food program, the Urban League and South Bend's United Health Services to "provide cooperative services in one building for low-income women and their families" (South Bend Tribune 5/8/87:C3). The project was called UrbanCare and was housed in a building financed by Memorial Hospital. Like Project Assist, the clinic received a laudatory citation from PPFA.

In the midst of what was happening locally, the Reproductive Rights Movement celebrated a national victory in 1991. In that year, the United States Senate overturned the gag rule that barred federally financed family planning clinics from discussing abortion with women. PPNCI was considered federally funded because the affiliate received various types of funds (like Title X) that originated from the federal budget. While it is likely that PPNCI staff members disregarded the gag rule while it was in place, an easing of restrictions might have contributed to a more positive atmosphere within the organization.

In spite of all of the accolades PPNCI received and accomplishments by the reproductive rights movement that may have helped the organization, the affiliate continued to suffer a negative image in the community. In 1993 Bishop John D'Arcy of the Diocese of Fort Wayne-South Bend criticized UrbanCare and its landlord, Memorial Hospital, for teaming with the Planned Parenthood affiliate. In a letter distributed in parish bulletins Bishop D'Arcy called upon Catholics in the South Bend community to write to Memorial Hospital's president to urge him to reconsider the collaborative effort with PPNCI. "D'Arcy's letter attacked Planned Parenthood as the 'largest abortion provider in the United States.'" (South Bend Tribune 6/28/93:C2)

The Bishop's view was shared by others in the community. PPNCI had never been an abortion provider but it would never shake the connection with the procedure. There was, of course, the natural connection with PPFA. Many Planned Parenthood affiliates did provide abortion services and followed protocols and procedures developed by the national organization. However, there was also a national fixation on connecting family planning clinics with abortion services, whether this connection was real or not. One of the reasons for this may be because even the movements that supported family planning clinics -- the Reproductive Rights Movement and the Women's Rights Movement -- were forced to focus on abortion issues. "One of the most diabolical accomplishments of the antiabortion movement has been to force...energies into defending *Roe*, [but] this dedication of resources to secure reproductive freedom has been absolutely necessary" (Sanger, et al, 1998, 75).

Fortunately, the Bishop's call to action did not gain much momentum. Memorial Hospital reported receiving only about thirty letters in opposition to Planned Parenthood's

involvement with UrbanCare. Craig Witkowski, director of administrative services for PPNCI, "said the family planning clinic at UrbanCare Center actually is part of a national effort to prevent abortions" (South Bend Tribune 7/1/93:C2).

"[There is] this concept that has been created by others that [PPNCI] is an abortion facility. It does not ever come across in the press or from people that this is a health organization. We are here to protect health" (Interview #1 7).

You know, it's funny. When [Planned Parenthood] says you have choices they automatically think we want everybody to have abortions. Do you really think if somebody came in [to Planned Parenthood] and said, "I've been trying to get pregnant for five years and finally am," that somebody here would say, "Don't you want an abortion?" (Interview #2 9)

"I think there's a misperception that [Planned Parenthood] is pro-abortion and that phrase irritates me. No one is pro-abortion" (Interview #4, 4).

It is possible that very little effort went into countering the Bishop's protest because everyone involved was aware that Planned Parenthood would soon be taking the UrbanCare name and setting up clinic services elsewhere. "Ultimately [Memorial] just took over the [UrbanCare concept] and Planned Parenthood left and went over to Miami Street and took the name with it. I am not sure that was the best idea in town, but that is what happens" (Interview #1 6-7).

Both the local affiliate and PPFA were targets of a stronger protest when national director Faye Wattleton came to South Bend to speak at the celebration of PPNCI's twenty-fifth anniversary in 1992. The event was held at South Bend's Century Center, a large convention facility.

When I came to the Century Center I was screened before I came in. When I asked Betty [Mooney] what was going on she said that they had received a bomb threat and they said that they had placed a bomb under the dais. She said, "They couldn't find anything so we're going to go ahead." She pointed out gentlemen in

each of the four corners and said, "Those are security people." At the time I thought, "If I have to die, I might as well die in an event that will get a lot of publicity" (Interview #8 3).

The bomb threat was just that -- a threat -- and the celebration went on as planned. More than a few people were aware of the threat but none of them left the event. Anyone who had been involved with PPNCI over its twenty-five year history was well aware of the risks involved in supporting an organization that, due in large part to its support of maintaining safe and legal abortions as one of a woman's choices, was considered controversial all over the United States and particularly so in the conservative St. Joseph County area. If anyone had wanted out, she or he would have done so well before an event celebrating twenty-five years of family planning, birth control and a woman's right to choose. PPNCI would continue to face physical threats and seemed to face each threat boldly. However, the biggest threat to the affiliate would come from within as it faced reorganization when Betty Mooney decided to retire.

PPNCI experienced rapid growth through the 1970s and 1980s. During this growth, the affiliate took a firm stand on many reproductive health care issues including providing services to minors without their parents' consent. While employees and supporters of PPNCI may have had differing opinions about the abortion issue, they all seemed to agree that insuring access to services by minor women and men was fundamental to their institutional goals. It was also during the affiliate's strongest growth that executive director Betty Mooney practiced what could be considered an enlightened management style that supported personal and professional development among employees. Mooney also seemed to be more influenced by the Reproductive Rights Movement and the Women's Movement which, in turn, would serve as an influence on the affiliate. Whether members of the community agreed with PPNCI's principles or not, this era was a time when PPNCI did not shy away from the media, did not back down from their beliefs and served more clients than ever.

Chapter Six

"No one but me ever put a hand on me, to feel that baby. No one wanted to put his ear against it and listen," the woman said. "You shouldn't have a baby if there's no one who wants to feel it kick, or listen to it move" (Irving, 1985, 79).

This chapter reviews the last decade in PPNCI's history. After two decades of growth and Betty Mooney's positively received directorship, the affiliate entered a darker period with the hiring of a new executive director. In addition, the affiliate, the national Reproductive Rights Movement and the Women's Movement all faced a renewed and vigorous conservatism throughout the nation and locally. This, along with ever-present funding and governmental policy issues made the future of PPNCI uncertain.

Planned Parenthood of North Central Indiana continued clinic reorganization in 1993 in the midst of Betty Mooney retiring and the board hiring Melinda Rider to replace her. Anyone who replaced Betty Mooney would probably have found it difficult to take over after her. Mooney's directorship was considered overwhelmingly positive by those who worked for and with her. At the same time, Rider's directorship was almost universally criticized for nearly ruining the affiliate. "That's the only piece I can say is an honest tragedy. They got a woman in there with no people skills. She basically destroyed the agency and did incredible damage" (Interview #17) "Melinda was like a huge anchor that was plunging the affiliate into darkness" (Interview #99).

Rider failed to perpetuate the positive workplace atmosphere that Mooney had developed and there was a significant loss of staff who had helped build the affiliate.

One of the issues employees were not happy with was the way Rider was running the clinics. "It's very regimented. It's not just fly by the seat of your pants. Melinda came onboard and said, 'We're going to start doing this,' and I would say, 'You can't because

the grant requires that you do this and this and this." (Interview #2 4) Rider was known as a person who did not like to be forced into following regulations, even if funding was dependent upon doing so.

Rider also seemed to lack the ability or desire to care for and nurture her staff. "It's important, especially in a small organization, to care about your staff. You're asking people to go above and beyond, to do the extra, to get together and make things work. You have to have a leader who at least appears to care" (Interview #6 5).

Rider was known as a strong advocate of a woman's right to choose but she refused to use diplomacy when delivering her views when representing PPNCI. Diplomacy had been the unspoken rule with previous directors of the affiliate.

[Melinda] didn't want people to think [the affiliate] didn't support abortion just because we didn't offer abortion services. And that's not what we're saying. We certainly can show a person how to get one, get them signed up, whatever, but that's not what we do. She would never soften things. I think it created an atmosphere that was hard to work in as a board (Interview #4 8).

Rider also seemed to be the reason a clergy advisory committee started by Betty Mooney disintegrated. Although the committee may not have been anything other than Mooney's attempt to organize allies, Rider's disinterest harmed the affiliate by alienating those allies.

We never seemed to have much purpose, other than allowing the board some stamp of religious approval. Because we served no purpose, after about a year and a half, we dissolved through inertia. I think part of the reason had been a change of leadership. I don't think Melinda had much invested in it (Interview #8 1).

PPNCI was able, however, to remain innovative during, or in spite of, Rider's directorship. A special Friday night clinic, to be held at a church located in the midst of the South Bend sex trade industry, was started. "I think it took Melinda by surprise. But

we quickly worked out the logistics" (Interview #8 2). The clinic targeted sex trade workers who were most vulnerable to sexually transmitted diseases and unwanted pregnancies.

The board of directors was not blind to Rider's shortcomings. "I know that every year the board was required to do an evaluation on Melinda. I had a number of things to say and every year one of my comments was that she was invisible in our community" (Interview #8 4). However, it seemed they lacked the energy among themselves to actually do anything about the situation. Rider's resignation took care of the issue. Rider had been a commuting director at PPNCI. Her husband remained in Indianapolis when Rider accepted the executive director position and she traveled back and forth. When Rider's husband accepted a job transfer, she resigned from her position. Polly Edwards was hired as her replacement. Edwards was considered a much safer representative of the affiliate. "When you're dealing with issues like we are, you need to have a person who can explain and, I don't want to say coddle, but just play the political game in a way that doesn't [make people angry]" (Interview #4 8).

Edwards joined the affiliate in what was considered a time of crisis. Under Rider's directorship PPNCI's board of directors had become ineffective. Rider "was very controlling [with the board] in that she would set the agenda" (Interview #4 8). When PPNCI indicated an interest in merging but apparently did not bring enough into the negotiations and the affiliate joined Greater Indiana. Since joining PPNCI Edwards has been working to rebuild an amicable relationship with Greater Indiana that seems to have suffered while Rider was serving as executive director. When Edwards was hired she faced a disinterested board who had not been asked to actively participate in decisions affecting the affiliate.

Initial efforts to bring the board back into the decision-making process have been positive but more may still be necessary. "I feel like we're on track now. Structure is there. Getting people to work within that structure is a whole other ball of wax: how to motivate people to do and give time and energy and do the tasks that need to be done, not just sit and be on the board" (Interview #4 7).

Another issue that Edwards faced was the dwindling number of affiliates in Indiana. "It started with many [affiliates]. I can't remember how many -- maybe thirty" (Interview #4 9). By the early 1990s Planned Parenthood of Greater Indiana, the affiliate from the Indianapolis area, was merging with the smaller affiliates and becoming a much more powerful entity both within the state and in PPFA. By the time Edwards was hired there were only two affiliates in Indiana: PPNCI and Greater Indiana.

Before merging with Greater Indiana, the affiliate that served the northeast and northwest parts of the state approached PPNCI to discuss a merger.

The executive director had been [with the affiliate] a long time and the board was out of energy. It really is a struggle, emotionally, to be on the board for Planned Parenthood. You always feel like you're climbing a mountain and you're always sliding back down. You're always trying to raise money, you're struggling. It's not an easy board to be on. So this affiliate was dealing with that and...economically they were at a place where if they could combine resources it would be an economy of scale that would benefit them and whoever they merged with. (Interview #4 10)

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The ever-present quest for funding has been one issue that every executive director has dealt with.

We hardly get any support financially from the community and government funding is dwindling down. There's always a big question: what type of funding are we going to get? But our need is rising as evidenced by patient numbers. We've cut so many corners, though, that, really, there's nowhere to cut anymore. We used to have eight to ten, maybe even more who worked in the administrative office. Now we're down to two full-time people and a couple part-time people (Interview #6 4).

Since PPNCI opened its doors, they have had to deal with a conservative community that did not support the organization financially or emotionally.

I think, by and large, that this is a socially conservative area. So whether people are Catholic or Fundamentalist Protestant or whatever, they don't support a lot of reproductive rights issues. To the extent it's almost something you can't talk about in this community. You almost have to know who you're talking to. My sister-in-law, who lives in Boston, came out to visit us and we were driving and there was one of those Right to Life billboards that had the two little feet. She was just appalled and I didn't even notice it. I was like, "Oh, yeah. It's one of those billboards." She just couldn't believe there was such a thing like that. Now Boston is certainly a very Catholic city but it's not conservative the way we are (Interview #7 3).

Although PPNCI struggles within a conservative community, there are a large percentage of Catholics and several major Catholic organizations like St. Joseph's Regional Medical Center and the University of Notre Dame that make specific efforts to undermine what PPNCI has accomplished. Notre Dame's United Way plea noted that funds will not go to Planned Parenthood. "You have this dichotomy of this Catholic community, these Catholic institutions, yet they're using our services. It's a really weird environment for this organization to be in. I think that environment has caused PPNCI to not be well organized at getting any sort of [publicity] campaign going" (Interview #4 5).

The community also does not want to be reminded the organization exists, no matter what services are actually performed. "The community knows the name Planned Parenthood and thinks that it performs abortions even though we know it doesn't. And they don't want to know any more than that. I think if you asked the average man on the

street, that's what he'd say." (Interview #7 3) When PPNCI started, issues and services were referred to euphemistically. PPNCI was offering *family planning* services, not *birth control* advice. There were *problem pregnancies*, not women seeking *abortions*. PPNCI is hoping to formulate a marketing campaign but the affiliate recognizes their limitations:

It's such a hush-hush thing. You don't say the PP word or the A word around here. Who's going to call you up and say, "Oh, come to our Rotary meeting and talk about Planned Parenthood?" Plus the nature of what we do is so personal. When do you talk about going to get your pap smear or birth control? It's not like there are a lot of opportunities to be out there talking it up (Interview #4 4).

PPNCI employees also face personal threats. "You'll have people driving by the buildings, screaming at you. You'll have people copying down your license plate number. You'll have threatening mail come in addressed to you" (Interview #9 2).

Educators who have been invited to high school classrooms to speak on sexuality often face parents among the students who tie up the time period with questions meant to antagonize the educator. Nationally, Planned Parenthood clinics across the country were recently targets of letters which threatened to contain the anthrax virus. These letters coincided with a federal investigation of a possible terrorist-related anthrax threat. At this time, it is unknown if the two are related in any way, but the realization that Planned Parenthood staffers and supporters face terrorist threats is real.

While any threat PPNCI faces is real and must be taken seriously, what may prove to be most threatening to the survival of the organization are the challenges ahead. Very few clients see a physician for health care services through PPNCI. Physicians commonly have busy private practices and are unable to devote much time to hours at a family planning clinic and "Planned Parenthood can't afford to have physicians come in and do exams" (Interview #6 9). Most clients are treated by a nurse, a nurse practitioner

or a physician's assistant. Until recently, nurse practitioners were certified through a training program and could be licensed in the state of Indiana with that certification. Indiana has now changed their regulations regarding new women's health nurse practitioners and requires a master's degree (master of science in nursing/MSN) for licensure. While women's health nurse practitioners who were granted licenses with a certificate can continue to practice, new nurse practitioners will be required to have a master's degree. "It's very hard to find nurse practitioners now. Before you could be an RN with your certificate and get your national certification. As women's health nurse practitioners start retiring, your pool is going to get smaller and smaller" (Interview #6 9).

Planned Parenthood affiliates nationwide are also competing with Pro-Life women's care centers which are becoming savvier about serving what had previously been family planning clinics' clientele. These care centers are now offering pregnancy testing and may even provide some health care services. The difference is that they are not counseling pregnant clients on all their options.

A young woman was pregnant and was confused about what to do and she went to this agency. They were encouraging her to keep the baby. And she was very young and they brought her into this room and said, "If you have this baby you can pick from all these things." There was a cradle and all these goodies. It was so mind boggling to me because kids that age are so consumer driven in this culture (Interview #4 2).

In addition to threatening nearly every law that keeps family planning clinics like PPNCI going, counter organizations are also appealing to young adults' base instincts to impose their choice on them.

Abortion continues to be the center of attention for many reproductive rights organizations. Feminist organizations, too, spend a great deal of time and energy on trying to stay one step ahead of the politicians and organizations that would take away a

woman's right to choose a legal abortion. An Internet search for reproductive rights returns a multitude of websites, including those for the National Organization for Women (NOW) and other, lesser known, national and state organizations. On each of these websites the fight to keep abortion legal is the main topic. With the ever-present risk of a Supreme Court appointee that could sway the balance away from choice, everyone involved with reproductive rights has to focus on the abortion issue.

Margaret Sanger's vision of a society made purer through planned pregnancies and birth control was not without merit. Although Sanger, and even, perhaps, founders of Planned Parenthood of North Central Indiana, may have been subjective in deciding who deserved to reproduce, it is difficult to deny that reproductive control would improve society. "The beneficial effects of...control over reproduction are literally incalculable, both for the individual and for society" (Guttmacher, 1971, 58). A poor family with limited resources can make those resources go further among fewer family members. "It can be stated categorically that the more children [the poor] have the more deeply and inescapably they are trapped in lives of poverty" (Guttmacher, 1971, 58). Communities who have fewer poor people to support can refocus their resources on other programs that can help improve the lives of all members of the community.

Through the affiliate's growth and development came a concern about quality of life for the women and men -- both actual clients and potential clients within the community -- served by the organization. This vision is certainly less restrictive than Sanger's, but at the same time, draws upon the part of Sanger's dream that really was very encompassing. It is in this vision that PPNCI shines, and perhaps perseveres, in spite of lack of resources. The affiliate seems to be at its best when the focus is taken away from

the statistics that determine success or failure and is placed on the goal that wishes a better life for every member of the community.

We're on the road up. We've stopped declining and now we're going up. But how far can you go up? Can you go all the way up where you're running a good, clean organization with no shortfalls? If that's the case, great, we'll go all the way. But you just don't know (Interview #4 11).

PPNCI has experienced thirty-five years of struggle in a community that is less than supportive -- a community that at best ignores the affiliate and at worst aggressively protests it. Growing pains, staff changes, funding issues and everyday problems have done their best to defeat an organization that provides services unlike those of any organization in its community. In spite of everything working against it, PPNCI has continued to provide reproductive health care services to every woman or man who walks through their doors. The organization has branched out, become the responsible conscience of the community, and provided education about issues that families and governments and school systems would otherwise ignore. PPNCI suffered through a period where many thought the executive director would ruin the affiliate and began to rebuild to continue their growth. The affiliate's brief history reflects a time nationally when social movements like the Reproductive Rights Movement and the Women's Movement were challenging and changing society. Within a community that resisted change and the organization itself, PPNCI has been able to "prevent thousands of unwanted children," (Interview #3 6) and offer choices that improved the quality of life for even more.

Conclusion

"Here in St. Cloud's," Dr. Larch wrote, "I have been given the choice of playing God or leaving practically everything up to chance. It is my experience that practically everything is left up to chance much of the time; men who believe in good and evil, and who believe that good should win, should watch for those moments when it is possible to play God -- we should seize those moments. There won't be many" (Irving, 1985, 95).

Summary of Research Findings

John Irving's Dr. Wilber Larch is a literary figure created out of the reality of the late nineteenth and early twentieth centuries. Women come to Dr. Larch because the influence was indirect: participants in the national Reproductive Rights Movement and limited options he offers them (to take charge, in one way or another, of their unwanted children) are two more options than they would otherwise have in their constricted world. Dr. Larch consciously offers women reproductive choices, knowing that what he is doing is in disregard of convention and laws of the time. The orphans whom he never ceases to deliver while he is, at the same time, performing abortions, are a taunting reminder that his civil disobedience has only a small impact on the world. Nevertheless, he continues to give women "what they want: an orphan or an abortion" (Irving, 1985, 186) well into his nineties because he never stops believing that the contribution he is making is important and worthwhile.

In November of this year, Planned Parenthood of North Central Indiana will celebrate its thirty-fifth anniversary of providing services to the local community. In thirty-five years, the organization has gone from working out of Memorial Hospital's outpatient department in South Bend, Indiana one afternoon a week to providing comprehensive reproductive health care services including prenatal care and education in clinics in five counties in north central Indiana six days a week. The founders of PPNCI were charged with the responsibility of developing a family planning clinic that would

help reduce the number of people on St. Joseph County's welfare rolls. This group of people, along with employees, board members and other supporters through the years, created an organization that continued to grow and change -- not only in the services it provided but in its mission and goals as well.

Although PPNCI was not a grass roots organization in the sense that it was started in response to a social movement, the affiliate was nonetheless influenced by both the Reproductive Rights Movement and the Women's Movement. In many cases the influence was indirect: participants in the national Reproductive Rights Movement and the Women's Movement used direct action tactics to enact legislation that ultimately affected PPNCI's policies and procedures. In a few cases, such as when PPNCI took part in a statewide effort in 1980 to fund a lobbyist and form a calling tree to alert supporters of threats that needed attention, efforts by PPNCI were identical tactics to those used by the Reproductive Rights Movement and the Women's Movement.

Not all of the respondents for this study considered themselves feminists but all were obviously motivated to some extent by the Reproductive Rights Movement and the Women's Movement. All the respondents had strong opinions about a woman's right to choose motherhood and to be offered quality reproductive health care. Individual experience leads to individual opinions but there was a consistency of thought among all the respondents regarding reproductive rights and the mission of PPNCI. Some of the specific non-PPNCI events in which respondents took part (such as overnight vigils at local abortion clinics on the anniversary of *Roe v. Wade*) were organized efforts by groups like the National Organization for Women. Respondents who were current or former PPNCI employees made note of the fact that they made less money working for

PPNCI than they would if they worked elsewhere. These respondents also stated that it was their belief that reproductive rights was important that kept them in their PPNCI jobs.

While PPNCI extends their services to men and women, both PPNCI and its parent organization, Planned Parenthood Federation of America, are committed to women's reproductive freedom of choice. Regardless of societal trends regarding fathers being more involved in pregnancy and child care, reproduction remains primarily an issue of motherhood. Women's reproductive choice issues were at the heart of Margaret Sanger's efforts and some of these same fundamental issues remain the focus of PPNCI's efforts as well.

Social movements, including the Reproductive Rights Movement and the Women's Movement, establish a new order of life. Similarly, PPNCI established a new order of life in this community. FPSJCI brought the Reproductive Rights Movement to the community, offering services to the underserved: women and men who could not, whether due to factors like economic or marital status, obtain reproductive health care and counseling anywhere else.

When FPSJCI became a Planned Parenthood affiliate, more services, including comprehensive education programs, were offered. PPNCI would not allow the community, in spite of its conservative nature, to turn a blind eye to the reproductive health care issues that were part of its society. Parents complained to county council members because PPNCI was providing services to underage women and men; arguments were raised that by teaching teenagers about sexuality and reproductive health

care issues, PPNCI was encouraging them to be sexually active; PPNCI events were threatened with violence; and still, PPNCI continued to grow.

St. Joseph County was one of the last communities of its size to have a family planning clinic. The new order of life that PPNCI introduced to the community was not new to the world which is perhaps why, in spite of few direct similarities between the affiliate and the Reproductive Rights Movement and the Women's Movement, the founding of PPNCI was still similar to a social movement. PPNCI was asking a begrudgingly conservative community that seemed to want to ignore already emerging trends to change. Quiet resistance and, in such instances as providing services to underage women and men, civil disobedience remained part of the PPNCI philosophy. The affiliate's supporters' commitment to changing the community's way of life has been one of the sustaining characteristics of the organization.

Limitations and suggestions for further research

There are a number of limitations to this research, directly related to the most interesting aspect of this study: oral histories. I experienced some difficulty completing the required number of complete interviews (ten) for this study. I had initially expected to complete all of the interviews within a month. It actually took three and a half months to make contact with enough people and work around both my and my respondents' busy lives to schedule and conduct interviews. The PPNCI supporters I attempted to contact were active people -- actively involved in their careers, active in other organizations or active in their retirement. While completing this research I was working in a full-time administrative position with limited opportunity for time off. Scheduling interviews

became a strategic game as I attempted to coordinate my schedule with the schedules of at least ten respondents.

Because of the logistical difficulties in scheduling interviews, I chose to interview whomever was available versus making an effort to find and interview people who might have had a more active or interesting role in the history of the affiliate. There are probably twenty people who could have made an important contribution to this study. I estimated that it would take approximately one year of full-time effort to find and interview these people which I felt was outside the scope of a master's thesis.

Related to this issue was the fact that some people who were more intricately involved in the founding and growth of PPNCI, such as former St. Joseph County Welfare Department Director Wilmer Tolle, are deceased. Other respondents were elderly. One of my respondents was in his seventies and another was in his eighties. Both of these men were actively involved with PPNCI in the 1960s and early 1970s. During their involvement, they were also very busy with their careers and actively involved in several other community initiatives. These respondents admitted their memories were faulty and both tempered many of their statements with a caution that they might not be remembering events related to PPNCI, but rather were recalling their involvement with another organization.

Because of the scope of the study, I was looking for specific information within the methodology of oral history interviews. It was important for me to develop a rapport with each respondent so she or he would feel comfortable talking to me. I wanted each interview to feel like a conversation and I felt it was my responsibility to elicit the specific information I wanted in a subtle, indirect way. Within all of these parameters, I

did not always elicit the information I had hoped for. Each of my respondents had interesting stories to tell and, when viewed as a whole, offer fascinating glimpses into PPNCI. However, again, given the parameters of oral history methodology, I was not always able to gain information that directly related to my thesis.

Another limitation to this research was the difficulty of finding outside sources of information. South Bend Tribune articles, without which this study could not have been completed, had been misfiled in the St. Joseph County Public Library's (SJCPL) local history department. While the SJCPL's local history department has excellent collections of South Bend Tribune articles on a wide variety of local organizations and events, it was very difficult to determine how the articles were filed. The collection of articles that was listed in the local history catalog under both PPNCI and Family Planning of St. Joseph County, Inc. were actually found, by a manual file by file search, under a separate file heading called charities. I made three attempts to find the files with the assistance of three different librarians who were as baffled as I was that we could not find the articles. A fourth attempt, with the help of a librarian who was new to the SJCPL, finally located the articles.

Future research could use my study to build on the oral history aspect of PPNCI's history. The individual experience that is so important in a study of organizations and their relation to social movements can be uncovered in oral history interviews. The groundwork laid in this study makes it possible for a more exhaustive interview process. A concentration on identifying, contacting and interviewing specific supporters of PPNCI with an emphasis on certain time periods or events could garner more detailed information about the history of the organization.

Supporters and employees of PPNCI have built an organization that has provided a valuable service to the community for thirty-five years. A reproductive health care clinic addresses so many personal issues that shape the individual and the community. In many ways PPNCI has prospered and succeeded in their efforts to survive and continue to serve the community. In other ways, the organization has struggled over the course of thirty-five years. There has always seemed to be uncertainty within the organization as to its future. As one respondent said,

There may be a day when there's no interest in this community, [when] there aren't people who want to be on this board and we get tired...We struggle to do what we do -- constantly looking for grants, constantly trying to raise money...[T]here may come a day -- we've sort of said we're going another year having this re-energized board, having a new executive director and see. But you just don't know. There are so many variables that affect that. Maybe there is a ceiling that we get to that we can't get past. We've done all kinds of things to work toward [getting better] and it *has* gotten better, but what if you can't? At that point you have to sit down and make a decision -- we either close our doors or we offer ourselves up to [the] Greater Indiana [affiliate] to take over. We're not there yet but that's not to say we won't be. I'm hoping that we will never be there and that this trend of going upward is going to continue and we're going to change the climate and do great (Interview #4, 11).

Issues, such as funding, that were a challenge when the first clinic opened in 1967, remained a challenge through the affiliate's entire history. PPNCI's operating budget comes from a combination of state and federal funds, grants, private donations and patient fees. Each provider of funds places demands on the affiliate. The clinics must meet state and federal requirements to maintain their funding. Likewise the affiliate must meet all the requirements in a grant application. Further, the affiliate exists in a community that provides limited support. How PPNCI is perceived by this community may effect the amount of private donations the affiliate collects every year. Finally, each

of the clinics that collect fees from patients has to provide a level of care that equals or exceeds that of a private physician's office.

Issues regarding PPNCI's leadership cannot be overlooked when forecasting the affiliate's future. Executive Director Melinda Rider's legacy is that she nearly ruined the affiliate. Several longtime PPNCI employees resigned during Rider's directorship and there were internal rumors about her management of funds and adherence to state and federal regulations. Betty Mooney's innovative leadership was a hard act to follow, but Rider seemed to destroy everything that Mooney had created. While employees and board members seem optimistic and enthusiastic about what current executive director Polly Edwards can accomplish, there is agreement that quite a bit of damage needs to be repaired to help the affiliate thrive.

While PPNCI struggles with the daily issue of funding and the fallout from negative leadership, the affiliate also faces constant interference from federal and state governments. To maintain certain funding, clinics must provide care by specific health practitioners. At the same time, the state of Indiana has changed its credentialing requirements of nurse practitioners which will make it even more difficult to fully staff clinics. Added to this concern is the ever-changing balance of power in the White House, Congress and the state legislature. At any point after an election, funding requirements may be changed or funding for programs eliminated entirely.

Perhaps most significant in an analysis of the factors that influence PPNCI is community perception and support. Over the past thirty-five years individual churches and pastors have come and gone but there remains a very definite division between churches which support PPNCI and those which do not. The Catholic Church maintains

a very strong identity in the community through the University of Notre Dame and a large Catholic population. The Lester Sumrall-founded Christian Center Cathedral of Praise broadcasts Christian Fundamentalist programming throughout the world and brings thousands of worshippers to South Bend annually. These churches join dozens of others in the community which believe that an organization that counsels clients about abortion as an option to an unplanned and unwanted pregnancy is immoral. The combined financial power of these churches is immense and allows them to open pregnancy care centers, rent billboards and launch very convincing public relations campaigns.

While there are churches in the community which do support PPNCI's efforts, their ideology seems to commit them to work much more quietly for the affiliate. Pastors have served on the board of directors over the years and have vocalized their support from the pulpit, through the media and throughout the community. However, during Melissa Rider's directorship a clergy committee disbanded when they felt under-utilized and unappreciated. Any momentum that might have been building prior to Rider being hired was lost after she came on board. Church support of PPNCI may be prevalent but seems to need to be nurtured for it to be more effective.

Social movements like the Reproductive Rights Movement and the Women's Movement will continue to be important in PPNCI's quest to maintain its individual identity and autonomy. Even with attention directed toward maintaining the legality of abortion, reproductive rights issues will continue to be important. New technology in the areas of in vitro fertilization, selective genetics and cloning continue to create new moral questions in the area of reproductive rights. Social activists will never be without

opportunities to model their own social movement in response to major issues that affect individuals and the area of reproductive rights is no exception.

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